

Medication Destruction Record

Client: ____

Date	Name of Medication and Dosage	Qua Destr	ntity oyed	Method of Destruction *See below	Medication Discontinued by Prescriber (Yes or No)	Medication Out of Date (Yes or No)	Initial # 1	Initial # 2
	Name (print) / Signature	Initials		Name (print) / Si	ignaturo			Initials
		Initials		Name (print) / Si	gnature			minais

**Best practice is to participate in drug "take-back" programs provided by your pharmacy or in your community (try calling your county health department or hospital). If this is not an option, most medications can be removed from their containers, mixed with an unpalatable substance such as coffee grounds or kitty litter, and safely disposed of in the trash. Whenever possible, please follow the most current instructions for medication destruction from the Florida Department of Environmental Protection, which can be found here: http://www.dep.state.fl.us/waste/categories/medications/pages/disposal.htm.

APD Form 65G-7.007A, effective April 2019 Rule 65G-7.007, F.A.C.