



**Record of Medication for Storage and Removal for destruction**

**SITE:** \_\_\_\_\_

Date Med In	Name of Medication	Med Came From (√ One)			Strength	#*	Reason	Date Out To Destroy	Signature and
		Client - Name	Sample	Stock					Witness for Controlled Substances
									_____
									_____
									_____
									_____
									_____
									_____
									_____
									_____

**\*Number needed for Controlled Substances only**