MEDICATION DISPOSAL RECORD

Medications that are expired or discontinued by the resident's healthcare professional must be disposed of by the CFH provider within thirty (30) calendar days. Loose medications are to be disposed of at the earliest opportunity.

RESIDENT INFORMATION

The resident is the vulnerable adult living in the provider's CFH whose medication is being disposed.

Full Legal Name:	Date of Birth:

DISPOSAL INFORMATION

Medication Name:	Dosage:
Reason for Disposal: ☐ Discontinued by the healthcare professional. ☐ Past its expiration date. ☐ Other (describe): _____	Amount Disposed:
Method of Disposal:	
Provider Signature:	Date:
Adult Witness Signature: *(must not be a resident):*	Date:

DISPOSAL INFORMATION

Medication Name:	Dosage:
Reason for Disposal: ☐ Discontinued by the healthcare professional. ☐ Past its expiration date. ☐ Other (describe): _____	Amount Disposed:
Method of Disposal:	
Provider Signature:	Date:
Adult Witness Signature: *(must not be a resident):*	Date: