



Medication Destruction Record

Patient Name: _____ DOB: _____

Medication Name: _____

Strength/Sig: _____

Date of Destruction: _____ Quantity Destroyed: _____

Method of Destruction:

Prescription bottle is filled with water and vigorously shaken to dissolve the contents.
Label is removed and the prescription bottle is then placed in sharps container.

Other: _____

By signing below you are acknowledging the above medication was destroyed as documented on this form.

Patient Signature

Date and Time

Medical Professional Signature

Date and Time

Witness Signature

Date and Time