

23751 Dequindre Road, Hazel Park, MI 48030 phone: 248-546-5500 | fax: 248-546-8979

## **MEDICATION PICK-UP**

Facility Name:			Date:	
acility Addr	ess:			
Patient Nam	e:			
Rx#	Drug Nama & Street	Date	Quantity	
	Drug Name & Strength	Dispensed (From Label)	Returned	Pharmacy Use Onl
			, j	
ason for Pic	sk-Up:			
on Submitting Fo				
r Signature				
picked up by driv	er			