

23751 Dequindre Road, Hazel Park, MI 48030 phone: 248-546-5500 1 fax: 248-546-8979

MEDICATION RETURN FORM

Client Name:					Date:	
Rx#	Drug Name & Strength	Date Dispensed (From Label)	Quantity Returned	Reason for Return (See Below)	Pharmacy Use Onl	
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eturn Co	de Reasons:					
- Excess medic	cation, 2 - Medication discontinued, 3	- Patient discharged	/deceased, 4 -	Return requeste	d by pharmacy	
acility Staff subr	Driver Si	Driver Signature				
		Date picked up by driver				

WHITE COPY- PHARMACY

YELLOW COPY- FACILITY