

MEDICATION RETURN LOG

(Please print clearly, using blue or black ink. Or, complete using Adobe Acrobat Reader)

Return Reason Codes= Discontinued **(DC)**; Dose Change **(DS)**; Destruction **(T)**; Reship **(RE)**

FACILITY NAME:

RX Number	Patient Name (First and Last)	Product Returning	Quantity Returned	Reason Returning (CODE)

Signature:

Title:

Printed Name:

Date: