

DRUG DISPOSAL LOG
ND State Board Of Pharmacy
1838 E Interstate Ave Suite D
BISMARCK, ND 58503

FACILITY: _____

STREET ADDRESS: _____

INSTRUCTIONS: Please complete this form to record destroyed medications and return to the Board of Pharmacy office at the end of each calendar quarter. Circle appropriate calendar quarter. First - Second - Third - Fourth

CITY, STATE, ZIP: _____

	Date Dispensed	RX #	RESIDENT'S NAME	NAME OF PHARMACY	DRUG	Quantity	Strength	METHOD OF DESTRUCTION	Date Destroyed
<u>1</u>									
<u>2</u>									
<u>3</u>									
<u>4</u>									
<u>5</u>									
<u>6</u>									
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<u>20</u>									
<u>21</u>									
<u>22</u>									
<u>23</u>									
<u>24</u>									

WITNESSED BY: (1) _____

(2) _____

DESTROYED BY _____ **CONSULTANT PHARMACIST**