

Medicine Disposal Log



Date	Resident Name	Name and Strength	Form	Quantity for disposal	Reason for disposal – see key	Signed by staff	Witnessed by
e.g. 25/01/17	A. Jones	Aspirin dispersible 75mg	Tablets	12	D	D.Smith	J.Black
e.g. 25/01/17 e.g. 25/01/17	A. Jones	Aspirin dispersible 75mg Clotrimazole 1%	Cream	1x15g	С	D.Smith	J.Black

Key	Key for reasons for disposal of a medication							
E	Expired stock	G	Stopped/Changed by GP/hospital					
D	Deceased resident	R	Refused by patient					
С	Course finished	0	Other – please specify					

Driver's signature	Date
	Driver's signature