

## INVENTORY OF DRUGS FOR DISPOSAL

FACILITY NAME: \_\_\_\_\_ LICENCE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

[illegible]

Return Date: \_\_\_\_\_

Signature of Staff Returning Drugs: \_\_\_\_\_

Signature of Pharmacist Receiving Drugs: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_