# RECORD OF MEDICATION (NON-CONTROLLED)
## RECEIPT, STORAGE, ADMINISTRATION, & DISPOSAL

**COUNTY OF ORANGE, CALIFORNIA**
**HCA MENTAL HEALTH & RECOVERY SERVICES**

Clinic Name & Address:_____

**Do not leave any items blank. Either cross out or indicate N/A**

| RECEIPT (Copy of receipts from Pharmacy or Drug Mfg kept in a binder or with Medication Log in the medication room for 3 years) | | | | | | | ADMINISTRATION / DISPENSING (See individual patient chart/EHR for clinical record) | | | | | | DISPOSAL(DESTROYED)/ RETURN (Copy of receipts kept either in a binder or behind this form in the medication room for 3 years) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date Ordered | Date Received And Exp. Date | Medication/ Amt (Strength and Qty) (Lot # or Pt name) | Name of Issuing Pharmacy or PAP (Drug Mfg) | Type | Initial | | Date & Time | Amount | Dosage | Route of Administration/ Pick up | Signature | | Date | Prescription # | Amt medication Destroyed / Returned | Type | Signatures (Two witnesses required) |
| | | | | ☐Sample ☐Patient Specific ☐Patient Returned | | | | | | | | | | | | ☐Waste pick up ☐Return ☐Finished | |
| | | | | ☐Sample ☐Patient Specific ☐Patient Returned | | | | | | | | | | | | ☐Waste pick up ☐Return ☐Finished | |
| | | | | ☐Sample ☐Patient Specific ☐Patient Returned | | | | | | | | | | | | ☐Waste pick up ☐Return ☐Finished | |
| | | | | ☐Sample ☐Patient Specific ☐Patient Returned | | | | | | | | | | | | ☐Waste pick up ☐Return ☐Finished | |
| | | | | ☐Sample ☐Patient Specific ☐Patient Returned | | | | | | | | | | | | ☐Waste pick up ☐Return ☐Finished | |

F346-710 Rev. (12/21)

**Keep medication log for 3 years from the last entry**