



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

HEALTH CARE AGENCY  
BEHAVIORAL HEALTH SERVICES  
COUNTY OF ORANGE, CALIFORNIA

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)
				<input type="checkbox"/> Sample <input type="checkbox"/> Patient Specific <input type="checkbox"/> Patient Returned										<input type="checkbox"/> Waste pick up <input type="checkbox"/> Return <input type="checkbox"/> Finished	
				<input type="checkbox"/> Sample <input type="checkbox"/> Patient Specific <input type="checkbox"/> Patient Returned										<input type="checkbox"/> Waste pick up <input type="checkbox"/> Return <input type="checkbox"/> Finished	
				<input type="checkbox"/> Sample <input type="checkbox"/> Patient Specific <input type="checkbox"/> Patient Returned										<input type="checkbox"/> Waste pick up <input type="checkbox"/> Return <input type="checkbox"/> Finished	
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