2938 North Avenue, Suite G
Grand Junction Colorado
Phone: 970.245.1616
Fax: 970.241.8722

2145 Academy Place
Colorado Springs CO 80909
Phone: 719.260.6110
Fax: 719.000-0000

4251 Kipling Street Suite 500
Wheat Ridge CO 80033
Phone: 303.703.9351
Fax: 303.703.4500

DOCUMENTATION OF DRUG DISPOSAL

Person Receiving Service's Name:
_____
Date: _____

Provider Name:_____

Name of Medication (as it appears on medication):

_____
____

Type of Medication:

- ☐ Pills
- ☐ Cream
- ☐ Liquid
- ☐ Syringe
- ☐ Other_____

Provider Initials: _____ Count: _____
Ariel Staff Initials: _____ Count: _____

Reason for Disposal:

- ☐ Discontinued
- ☐ Change in Prescription
- ☐ Client Refusal
- ☐ Soiled
- ☐ Other: _____

<u>To be completed at time of disposal:</u>

Count confirmed:_____

Revised 6/6/2018

Designated Staff Signature:_____

Date:_____