

**C-6A – CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD**

Resident's Name:	Admission Date:	Attending Physician:
Facility Name:	Facility ID No.:	Program Director:

**CENTRALLY STORED MEDICATION INSTRUCTIONS:** Licit medications which are permitted by the licensee shall be controlled as specified by the licensee's written goals, objectives and procedures.

Medication Name	Strength/ Quantity	Instructions Control/Custody	Expiration Date	Date Filled	Prescribing Physician	Prescription Number	No. Refills	Name of Pharmacy

**MEDICATION DESTRUCTION RECORD INSTRUCTIONS:** Prescription drugs not taken with the resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Program Director or designated representative and witnessed by one other authorized individual (NON-RESIDENT).

Medication Name	Strength/ Quantity	Date Filled	Prescription Number	Disposal Date	Name of Pharmacy	Administrator's Signature	Witness' Signature