
DISPOSAL RECORD FOR UNUSED AND UNWANTED MEDICATIONS

DATE: _____

In compliance with guidelines issued by the Food and Drug Administration (FDA), which recommends the safe disposal of unused/unwanted narcotic medications or other controlled medications by flushing down toilets or sinks,

I, _____, *personally and voluntarily*
(Disposer Name)

disposed of the following medications prescribed to me which I will no longer

be taking by flushing them down the toilet on _____.
(Date)

_____ in the quantity of _____
(Name of Medication) (Number of Pills)

_____ in the quantity of _____
(Name of Medication) (Number of Pills)

_____ in the quantity of _____
(Name of Medication) (Number of Pills)

_____ in the quantity of _____
(Name of Medication) (Number of Pills)

The above medication disposal was witnessed by:

(Witness Name)

(Witness Signature)

(Witness Name)

(Witness Signature)

(Disposer Name)

(Disposer Signature)