

### Primecare Health Ltd - Permission to Remove Unwanted Medicines Form

Service User's Name:	
Address	
GP Name:	
Surgery name and address:	

The following is a list of drugs (and dressings) which are no longer required because:

- They been discontinued from treatment
- Expired
- Refused

Medication	Reason for return	Quantity removed

I authorise the removal of the medications listed above for safe destruction by:

Social Care Workers Name	Signature	Date
Pharmacist name:	Signature:	Date:

Pharmacy's stamp
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Copy to be placed in Service User's medication records.

