

Permission to Remove Unwanted Medicines

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:

Manager's Name:	Manager's Signature:	Date:
Staff Name:	Signature:	Date:
Pharmacist name:	Signature:	Date:

Pharmacy's stamp

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

