

Primecare Health Ltd – MEDICATION LOG IN FORM

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

The following is a list of drugs (and dressings) which have been collected from Pharmacy because:

- They are new and short term
- It is a requirement for us to collect

Medication	Date Collected	Reason for collection	Quantity collected

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.

