



## P.R.N. MEDICATION RECORD

**Client Name:** \_\_\_\_\_

Date:	Time:	Medication & Reason Given:	Results:	Initials

## MEDICATION DISPOSAL

(For unused, discontinued, outdated, recalled, or contaminated medications)

Date of disposal:	Medication & Strength:	Amount Disposed of:	Reason for Disposal:	Method of Disposal:	Signature of person disposing:	Signature of witness: (Required for Controlled Substances)