



United Support Services, Inc.

"The works of many coming together for the good of One"

Proper Medication Disposal & Documentation

Member's Name: _____ Member's Medicaid #: _____

Member's DOB: _____ Member's Record #: _____

Dispose of any unused medications by returning the medications to your nearest Pharmacy for disposal. Properly document the disposal of any USS client medication by completing the following:

Date	Medication Name	Dosage	Method/ Location of Disposal	Number/ Quantity Destroyed	Med. Discontinued by Prescriber (yes/no)	Medication Out of Date (yes/no)

*Best practice is to participate in drug "take-back" programs provided by your pharmacy or in your community (try calling your county health department or hospital).

Staff Name (Print) _____

Staff Signature _____ Date _____

Witness Name (Print) _____

Witness Signature _____ Date _____