Social Model Recovery Systems, Inc.

Resident Name: _____

Program_____/ Provider# _____

Date & Reason Removed	Medication	Dose	Directions	Qty. Destroyed	Rx Number	Issuing Pharmacy	Staff 1 Signature	Staff 2 Signature

NAME:	NAME:	NAME:	NAME:
INITIALS:	INITIALS:	INITIALS:	INITIALS:
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
JOB TITLE:	JOB TITLE:	JOB TITLE:	JOB TITLE:

Individual Destruction/Discharge Log- will be maintained in real time throughout treatment episode. Medication requiring destruction or being returned at discharge will be logged above, in the presence of (2) staff, as well as on Facility Destruction Log. Individual destruction log will be retained in resident's electronic health file monthly, as the sheet meets capacity for entry and at time of discharge. Staff to complete, name/ signature identification ledger.

INDIVIDUAL - Destruction/Discharge Medication Log [v.1 - 06/01/2020]