[Insert organisation name/logo]

# MEDICATIONs Returned

***🖌Note\****

*All client medication administration templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

This form is to be completed by authorised staff (see the Medication Administration Authorisation Sheet) when returning medication or prescriptions to clients on discharge.

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| **Client name** |  | **Client ID** |  |

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| **Medications Returned** | | | | | | | |
| **Medication Name** | **Medication Strength** | **Medication Dose** | **Quantity returned** | **Medication Type e.g. prescription/ PRN/non-PRN** | **Medication packaging e.g. blister pack, bottle** | **Staff signature** | **Client Signature** |
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| **Prescriptions Returned** | | | |
| **Prescription detail (prescribing doctor, dose etc)** | **Prescription end date** | **Staff signature** | **Client Signature** |
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| **Disposed Medication /Prescriptions** | | | | | |
| **Medication/prescription detail** | **Date of disposal** | **Amount disposed** | **Reason for disposal** | **Staff signature** | **Client Signature** |
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