

The following is an inventory of medications which is hereby surrendered to Embrace Healthcare for proper disposition. You are required to keep track of all drug transactions for at least 3 years. PLEASE TYPE OR PRINT LEGIBLY OR WE WILL NOT BE ABLE TO PROCESS

We do not accept controlled substances for drug destruction.

Please include a copy of this form with the medications.

Drug Destruction Form

Drug Name/Strength
Epinephrine Inj Img/mlNDC#
54288-103-10Exp. Date
5/31/2018Lot#
(Vial/Syringe or Ampule)Image: Strength St

RMA#

Customer Name:			
Customer Address:			
City/State/Zip:		/	/
Date:	/ /		
Customer Signature:			
Printed Name:			