

## PRESCRIPTION DRUG DONATION PROGRAM DESTRUCTION OF DRUGS FORM

- Questions about completion of this form may be directed to the Bureau of Public Health Pharmacy at (850) 841-8530 or may be submitted to <u>PrescriptionDrugDonationProgram@FLHealth.gov</u>.
- Repositories are not allowed to receive monetary credit through any instrument of destruction, i.e. reverse distributor(s).

Name of Prescription Drug Donation Repository

Date Destroyed (MM/DD/YYYY)

Street Address

City, State, ZIP Code

DRUG/MEDICAL SUPPLY INFORMATION							
Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Quantity Destroyed			

Print Name (Pharmacist)

Signature (Pharmacist)

Date

Submit this form to: <u>PrescriptionDrugDonationProgram@FLHealth.gov</u> or mail to: DOH Bureau of Public Health Pharmacy, Drug Donation Program, 104-2 Hamilton Park Dr., Tallahassee, FL 32304



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DRUG/MEDICAL SUPPLY INFORMATION, continued							
Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Quantity Destroyed			



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