

City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES

## **<u>Client Medication Request Log (Via Non-Fax Modality)</u>**

Client Name	Medication			Name of	Date	Date
	Name	Strength	Quantity	Pharmacy	Ordered	Received <sup>1</sup>

<sup>1</sup>Document date received if the issuing pharmacy does not provide a delivery log

Client Medication Request Logs must be retained for <u>three years</u>.