

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

Medication Destruction Log

Date	Name of Drug and Strength	Qty.	Rx # *Required for client medication*	Client Name *Required for client medication*	Authorized Staff (Name <u>and</u> Signature)	2 nd Authorized Staff (Name <u>and</u> Signature) *Required for Controlled Substances*

Medication Destruction Log must be retained for <u>3 years</u>.