# DRUG DESTRUCTION LOG

| Resident Name | Drug Name and Strength and Dosage Form | Amount Destroyed | Date of Destruction | Reason Code | Signature #1/Credentials | Signature #2/Credentials |
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REASON CODES:

1. Med D/C by MD
2. Adverse Reaction
3. Patient Expired
4. Patient Discharged
5. Other – MUST EXPLAIN ON BACK