



50680 Corporate Drive, Shelby Twp., MI 48315

Phone: 586.323.8270

Fax: 586.323.8273

## MEDICATION RETURN FORM

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

RX NUMBER	QTY	DRUG NAME	REASON CODE

### REASON FOR RETURN CODES:

- A. CHANGE IN DOSE
- B. CONSUMER DISCHARGED
- C. DC'D BY PHYSICIAN
- D. DEFECTIVE PRODUCT (SYRINGE)
- E. DRUG RECALL
- F. PT. REFUSED MEDICATION
- G. OTHER (GIVE REASON) \_\_\_\_\_

Facility – complete form and attach to returns. Give to the Genoa Healthcare driver.  
Once pharmacy staff confirms returns they will sign form and return to facility for your records.

RECEIVED BY: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

DRIVER

TECHNICIAN