			Patients' Own Medica moval of patient identifiers			og			
Patient Info			Diposed			Sent to Take Back			
			(Non-Controlled Substances Only)			(Controlled Substances Present)			
Patient Name	MRUN	Discharge Date	Name of Medication	Initials	Date	Name of Medication	2 initials require	Date	

			Patients' Own Medica noval of patient identifiers			og		
Patient Info			Diposed			Sent to Take Back		
Patient Name MRUN Discharge		(Non-Controlled Substances Only) Name of Medication Initials Date			(Controlled Substances Present) Name of Medication 2 initials			
		Date					require	
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			Patients' Own Medica noval of patient identifiers			og		
Patient Info			Diposed			Sent to Take Back		
Patient Name MRUN Discharge		(Non-Controlled Substances Only) Name of Medication Initials Date			(Controlled Substances Present) Name of Medication 2 initials			
		Date					require	
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