

Returned Controlled Substances

Facility returning controlled substances:

Medication being returned:

Rx number of item being returned:

Number of tabs/caps, etc., being returned:

Date item returned:

Signature of medical staff:

Fax this form to the pharmacy (907) 269-7335

Date item received in the pharmacy:

Item received as described above (circle):

yes

no

Signature of pharmacist:

Fax this form to the institution sending the medication.