

PRESCRIPTION DRUG DONATION PROGRAM DESTRUCTION OF DRUGS FORM

- Questions about completion of this form may be directed to the Bureau of Public Health Pharmacy at (850) 922-9036 or may be submitted to <u>PrescriptionDrugDonationProgram@FLHealth.gov</u>.
- Repositories are not allowed to receive monetary credit through any instrument of destruction, i.e. reverse distributor(s).

Name of Prescription Drug Donation Repository			Date Destroyed (MM/DD/YYYY)				
Street Address			City, State, ZIP Code				
DRUG/MEDICAL SUPPLY INFORMATION							
Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Quantity Destroyed			
			1				
Print Name (Pharmacist)							
gnature (Pharmacist) Date							

Submit this form to: PrescriptionDrugDonationProgram@FLHealth.gov or mail to: DOH Bureau of Public Health Pharmacy, Drug Donation Program, 104-2 Hamilton Park Dr., Tallahassee, FL 32304

DH9004-EPCS-07/2021 Rule 64J-4.006, F.A.C Effective: July 2021



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DRUG/MEDICAL SUPPLY INFORMATION, continued							
Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Quantity Destroyed			

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DRUG/MEDICAL SUPPLY INFORMATION, continued						
Drug Name or Medical Supply	Strength	NDC No.	Lot No.	Quantity Destroyed		
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