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) 841-8530 or may be submitted to PrescriptionDrugDonationProgram@FLHealth.gov.
- 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**

Print Name (Pharmacist)

Signature (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

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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**