

Supplement 4

Community Reablement service

Consent for destruction of unwanted or discontinued medicines.

I..... (Service User) do authorise that the following medicines (state quantity)

.....
.....
.....
.....

To be removed from my home by (Support Worker) for the destruction at a local pharmacy/GP dispensing practice.

Signed..... (Client) Date.....

FOR PHARMACY USE ONLY

I..... (Pharmacist) confirm that the above mentioned medicines have been handed for destruction.

Signed..... (Pharmacist) Date.....

Address.....

.....

Please return completed forms to SRSO/ Manager.

Helping Services Users with their Medicines