SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
A System of Care and Recovery

CONTROLLED MEDICATION DISPOSAL LOG

Psychiatric Health Facility

PATIENT NAME	MEDICATION Name/ Strength	RX#	AMOUNT DISPOSED	REASON FOR DISPOSAL	DATE DISPOSED	DISPOSED OF BY + Witness (signatures)

This form is to be used for **CONTROLLED medication disposal ("WASTE") - either one (1) LNS and one (1) RN, **or** a pharmacist and one (1) RN
Updated 12/12/2018