

SOUTHERN PHARMACY SERVICES

4459 Tarheel Drive, Pink Hill, NC 28572
 1031 E. Mountain St. #319, Kernersville, NC 27284
 1-866-768-8479 • Fax 1-866-928-3983

THERAPEUTIC LEAVE FORM Regular Items Controlled Items Refrigerated Items

Facility: _____

Name: _____

| NAME, STRENGTH & FORM OF DRUG | RX # | Quantity Released | Quantity Returned | DIRECTIONS |
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NURSE/COUNSELOR INSTRUCT RESPONSIBLE PARTY TO:

1. Read all directions carefully.
2. Give each dose exactly as ordered by physician.
3. Store medication out of the reach of children.
4. Check medication to assure amount dispensed will last until the resident returns to the facility.
5. Return any unused medication.

Facility

1. Keep pink copy.
2. Give white copy to family, fill out yellow and pink when returned.

I certify that I have been instructed in the proper use, dosage, frequency and reason for the medication dispensed. I accept the responsibility for the medication and will assure that it is properly stored and that it is properly administered. I understand that in the event that the drugs are accepted in non-child proof containers, I hereby release the facility named above and the pharmacy from all responsibility. I additionally understand that a pharmacist is available at the toll-free number above to provide counselling concerning the above medication at no additional charge.

RELEASE NURSE'S SIGNATURE_____
DATE_____
RELEASE SIGNATURE - RELATIONSHIP_____
DATE_____
TIME_____
RETURN NURSE'S SIGNATURE_____
DATE_____
RETURN SIGNATURE - RELATIONSHIP_____
DATE_____
TIME