

PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

RESIDENT DONATION

Completion of this form by a resident of an eligible facility to donate unused prescription drugs to the Program for Utilization of Unused Prescription Drugs meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775). Donated prescription drugs must have originated from the eligible facility; drugs obtained prior to the resident being admitted to the eligible facility cannot be accepted. A copy of this form must be sent to the participating pharmacy or charitable clinic with the donated drugs, and retained for at least five years by the participating pharmacy.

FACILITY INFORMATION			
Name of Facility Where Resident Resides		Michigan License or Registration #	Telephone Number with Area Code
Street Address		City	State Zip Code
Name of Pharmacist or Healthcare Provider Authorized to Donate Prescription Drugs			Michigan License #
SIGNATURE of Authorized Pharmacist or Healthcare Provider			Date Signed

RESIDENT INFORMATION			
Name of Resident		Name of Resident's Representative/Legal Guardian (if applicable)	
As the legal owner of the prescription drug(s) listed below, I agree to voluntarily donate the listed eligible unused prescription drug(s) to the Program for the Utilization of Unused Prescription Drugs.			
SIGNATURE of Resident			Date Signed
SIGNATURE of Resident's Representative/Legal Guardian (if applicable)			Date Signed (if applicable)
Name of Medication (brand name or generic)			Date Donated
National Drug Code Number (NDC#) or Manufacturer Name	Drug Strength	Drug Quantity	Drug Expiration Date

FACILITY OR CHARITABLE CLINIC INFORMATION			
Name of Pharmacy or Charitable Clinic Receiving Donated Unused Prescription Drugs		Michigan License or Registration #	
Street Address		City	State Zip Code
Telephone Number with Area Code		Date Donated Drugs Received	
Name of Authorized Pharmacist or Healthcare Provider to Receive Donated Drugs		Michigan License or Registration #	
SIGNATURE of Authorized Pharmacist or Healthcare Provider to Receive Donated Prescription Drugs			Date Signed