



PHARMACY EXCHANGE FORM

INCIDENT #: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT# \_\_\_\_\_

Patient Name:  
DOB:

Place Pt. sticker here if available

Circle One: Transported to ED Pt. not transported

Medication Administered	Dose/Route
1.	
2.	
3.	
4.	

If additional space is needed, use reverse side of this form.

\_\_\_\_\_  
OLD  
IV BOXES

\_\_\_\_\_  
NEW

\_\_\_\_\_  
OLD  
DRUG BOXES

\_\_\_\_\_  
NEW

\_\_\_\_\_  
WASTED NARCOTIC

\_\_\_\_\_  
AMOUNT WASTED

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTENDANT-IN-CHARGE  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE



PHARMACY EXCHANGE FORM

INCIDENT #: \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT# \_\_\_\_\_

Patient Name:  
DOB:

Place Pt. sticker here if available

Circle One: Transported to ED Pt. not transported

Medication Administered	Dose/Route
1.	
2.	
3.	
4.	

If additional space is needed, use reverse side of this form.

\_\_\_\_\_  
OLD  
IV BOXES

\_\_\_\_\_  
NEW

\_\_\_\_\_  
OLD  
DRUG BOXES

\_\_\_\_\_  
NEW

\_\_\_\_\_  
WASTED NARCOTIC

\_\_\_\_\_  
AMOUNT WASTED

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTENDANT-IN-CHARGE  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE