



Medication Transportation Form

SITE NAME: _____

Date: _____

*******PART 1 – TO BE KEPT BY DELIVERY PERSONNEL & RETURNED TO SENDING PHARMACY*******

Drug box/bag received with seals intact

Delivered by: _____
signature

Received by: _____
signature



Medication Transportation Form

SITE NAME: _____

Date: _____

Transported by: _____ (ie. courier, taxi, etc)

*******PART 2 – TO BE FAXED TO SENDING PHARMACY (fax #: _____) & ORIGINAL TO BE KEPT ON SITE/UNIT FOR 1 MONTH THEN DESTROYED*******

Quantity	Drug Name & Strength

Received by: _____
1st signature

Received by: _____
2nd signature (if available)