ALLEVIATE HOSPICE CARE INC.
13098 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4558 * Fax: (818) 452-3833
E mail: alleviatehospicecareinc@gmail.com

RECEIPT OF INFORMATION ON DRUG DISPOSAL

Drug Disposal Policy have been explained to me; I have been given the opportunity to ask any questions I have concerning the policy, any my questions have been answered to my satisfaction, I have been provided the Drug Disposal Policy.

ACKNOWLEDGEMENT:

I acknowledge and agree to the terms and conditions described in the Drug Disposal Policy.

(Return to Office)

PATIENT NAME:_____ **DATE:** _____

SIGNATURE: _____

HOSPICE REPRESENTATIVE: _____