



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

NEW HAMPSHIRE BOARD OF PHARMACY
CONSULTANT'S RECORD OF DRUGS DESTROYED

Facility: _____ R.Ph. Consultant: _____
Print

Address: _____ R.Ph. License #: _____

City: _____ Zip: _____ Date: _____

Pursuant to authority granted by Ph 707.03(a)(b) the items listed on this form represent a true and accurate record of controlled substances destroyed in the manner indicated.

(authorized consultant signature)

	Name of Drug	Dosage Form	Qty.	Patient Last Name	Rx #
1					
2					
3					
4					
5					
6					
7					
8					



State of New Hampshire
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301
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	Name	Dosage Form	Qty.	Patient Last Name	Rx. #
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Method of Destruction: _____ Time: _____

Destroyed by: _____ Witness: _____

ORIGINAL TO BOARD OF PHARMACY & COPY FOR CONSULTANT RECORDS