



project homekey  
MENDOCINO COUNTY

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## Found Prescription Report

Complete this form, attach to the found substance, and place in the bottom drawer of the filing cabinet.

Date disposed: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_

Prescribed to: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Witness person: \_\_\_\_\_

Placed in Deterra disposal bag

Put in trash