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Proper Disposal of Medication Education

When your medicines are no longer needed, they should be disposed of promptly. Consumers and caregivers should remove expired, unwanted, or unused medicines from their home as quickly as possible to help reduce the chance that others accidentally take or intentionally misuse the unneeded medicine, and to help reduce drugs from entering the environment.

Medicine take-back options are the preferred way to safely dispose of most types of unneeded medicines. There are generally two kinds of take-back options: periodic events and permanent collection sites. In your community, authorized permanent collection sites may be in retail pharmacies, hospital and law enforcement facilities. Our clinic offers a mail-back program to assist you in safely disposing of your unused pain medicines at a nominal fee.

If no take-back programs or DEA-registered collectors are available in your area, and there are no specific disposal instructions in the product package insert, you can also follow these simple steps to dispose of most medicines in the household trash:

- Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;
- Place the mixture in a container such as a sealed plastic bag;
- Throw the container in your household trash; and
- Delete all personal information on the prescription label of empty pill bottles or medicine packaging, then dispose of the container.

Some medicines come with disposal instructions. If you received disposal instructions for a medicine, you should dispose of that medicine as directed by those instructions.

DO NOT flush your medications down the toilet or sink.

For more information refer to the following resource:

<https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

Information provided by FDA website December 20, 2018.

Chart # _____

Non-Pharmacological Treatment Modalities

State of Washington requires we collect this information and provide education regarding proper disposal of medications pursuant to new opioid prescribing rules.

Please indicate which treatments you have had for your present pain problems in the last year:

	Yes	DATE
Physical Therapy	<input type="checkbox"/>	
Pool Therapy	<input type="checkbox"/>	
Massage Therapy	<input type="checkbox"/>	
TENS Unit	<input type="checkbox"/>	
Chiropractic	<input type="checkbox"/>	
Trigger Injections	<input type="checkbox"/>	
Acupuncture	<input type="checkbox"/>	
Spinal Injections	<input type="checkbox"/>	
Facet Injections	<input type="checkbox"/>	
Burning of the nerves	<input type="checkbox"/>	
Spinal Stimulator	<input type="checkbox"/>	
Intrathecal Pain Pump	<input type="checkbox"/>	
Home Exercise	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	
Inpatient Rehab	<input type="checkbox"/>	
Cognitive Behavioral Therapy	<input type="checkbox"/>	
Kinesio Tape	<input type="checkbox"/>	
All above N/A	<input type="checkbox"/>	

Other if applicable _____

Proper Disposal of Medication Education

By signing below I am attesting to having received the education sheet regarding Proper Disposal of Medication Education related to unused medications and all my questions were answered.

Patient Signature: _____ Date: _____