

Patch Return Record Sheet

Patient's Name: _____ Patient's DOB: _____

Prescribing Physician: _____ Physician Phone Number: _____

Pharmacy Name: _____

Pharmacy Phone Number: _____

Pharmacy Address: _____

Instructions:

Stick used patches on this sheet in the numbered boxes.

Write the date beside each patch.

Store this sheet in a safe location; away from children/pets.

After applying your last patch, return this sheet to your pharmacy to obtain your next prescription.

Affix used patch to sheet once removed from skin.

1

Affix used patch to sheet once removed from skin.

2

Affix used patch to sheet once removed from skin.

3

Affix used patch to sheet once removed from skin.

4

Affix used patch to sheet once removed from skin.

5

Affix used patch to sheet once removed from skin.

6

Affix used patch to sheet once removed from skin.

7

Affix used patch to sheet once removed from skin.

8

Affix used patch to sheet once removed from skin.

9

Affix used patch to sheet once removed from skin.

10