

# Drug Recall Form

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| <u>Source and Date of Recall Notification:</u> MOH •      Manufacturer •      ISMP •      Others_• |
| <u>Drug Name:</u>  |
| <u>Drug Description:</u>   |
| <u>Manufacturer:</u>   |
| <u>Supplier:</u>   |
| <u>Batch (Lot) #:</u>  |
| <u>Expiry Date:</u>  |
| <u>Quantity:</u>   |
| <u>Reason of Recall:</u>   |
| <u>Actions/Results:</u>  |

All storage and dispensing areas are checked by:

Pharamcist:.....Date:.....Sig  
nature:.....

Pharmacy Manger : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: