Medication Acceptance

Submitter's Name: _____
Print Name Signature/Date

Detainee Name: Jason Lynch
Print Name

8/1/24	Biktarvy	50/200/25mg	30	1tab QD
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	
	Medication Name	Dosage	count	

Received by: _____
Print Name Signature/date

Verified by: _____
Print Name Signature/date

Medical Receiving: Kaitlyn Smith Kaitlyn Smith 8/12/24
Print Name Signature/date

NOTE:

Baptist Health pharmacy
501-202-2460

Form: WCDCMA2011a