Medication Acceptance

Submitter's Name: Provided per intake box
Print Name Signature/Date

Detainee Name: Jason Lynch
Print Name

Medication Name	Dosage	count
Biktarvy	50mg/200mg/25mg tab	30/30

Received by: _____
Print Name Signature/date

Verified by: _____
Print Name Signature/date

Medical Receiving: Heather Jones
Print Name Signature/date

NOTE:

Form: WCDCMA2011a