



**TENNESSEE
BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND INSURANCE
227 FRENCH LANDING, SUITE 300
NASHVILLE, TENNESSEE 37243
(615) 741-2718 OR FAX (615) 741-2722
<http://health.state.tn.us/Boards/Pharmacy/>**

Authorization For Donation of Unused Prescription Medication

I, _____ (name of the donor patient*) authorize the donation of the following unused prescription medication, with the exception of controlled substances, to a charitable clinic pharmacy through an institutional facility. I understand that in executing this authorization and donating the unused prescription medications, I am consenting to participate in the prescription drug redispensing pilot program established under Tenn. Code Ann. § 63-10-501, *et seq.* as the Nina Norman Prescription Drug Donation Act of 2006.

I understand that the purpose of donating medication through this pilot program is to provide prescription medications to indigent patients free of charge by having the medications redispensed from a charitable clinic pharmacy. I understand that my participation in this program and my donation is voluntary. I understand that my participation in the pilot program shall not subject me or my estate to criminal prosecution or any professional disciplinary action, and shall not be used as an independent basis for a claim of liability in any civil action against me or my estate.

My donations are as follows:

1. Name of patient to whom the medication was originally dispensed: _____

2. Institutional Facility Name: _____

Address: _____

3. Donated medication(s): Check one

A. _____ Any Unused medications dispensed to the patient at any time

B. _____ Name of medication: _____

Quantity of medication: _____ Rx #: _____ Date of prescription: _____

Pharmacy that originally dispensed medication(s): _____

[If more than one individual medication, provide the above information on another page and attach to this form]

4. Date drug is donated: _____

5. Charitable Clinic Pharmacy: Check one

A. _____ Name of charitable clinic pharmacy: _____

Address: _____

B. _____ The charitable clinic pharmacy with which the institutional facility identified above has contracted to transfer the unused prescription medication.

Printed Name of Patient

Signature of Donor Patient

Date

*Tenn. Code Ann. § 63-10-503(4) defines "Donor Patient" as a patient, or the patient's representative, in the event that the patient is deceased or is not competent, who is the owner of the prescription drug and entitled to donate the drug for use by a Charitable Clinic Pharmacy through the institutional facility.