



State of Connecticut Department of Consumer Protection Drug Control Division
165 Capitol Avenue, Room #145, Hartford, CT 06106
(860) 713-6065

Controlled Substance Destruction Form

Name, Address, Registration Number

Name, Strength, Dosage Form and Quantity of Controlled Substance Destroyed

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____

I have destroyed the above items on _____/_____/_____.
Month Day Year

Authorized Signature of Registrant

Drug Control Division Authorized Agent