



621 E. Campbell Ave Ste 1,  
Campbell, CA 95008  
[www.botikaltc.com](http://www.botikaltc.com)

## Medication Error & Replacement Form

Date: \_\_\_\_\_ Patient name: \_\_\_\_\_

PLEASE READ: Medications lost due to theft, negligence & refusal is not covered by insurance. Medications that had been wasted should be called in the pharmacy PRIOR to using remaining supply or else it will not be replaced. PLEASE SEND THIS REPORT WITHIN 24HRS AFTER NOTIFYING PHARMACY ABOUT THE INCIDENT. Thank you.

Rx #	Drug name and strength	Quantity

Brief description of error:

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Requesting staff name: \_\_\_\_\_

Please fax to (408) 378-2374 or email to [customerservice@botikaltc.com](mailto:customerservice@botikaltc.com). A pharmacy staff will reach out if we need more information.

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