Southeastern Idaho Public Health

Drug Safety Product Request Form

Contact Information:

First Name | Last Name | Phone Number

Address

City | County | ZIP Code

Organization (if applicable)

What product(s) are you interested in?

Drug Disposal Pouch/Medication Lock Box/Locking Pill Bottle

How did you hear about drug safety products?

Are you aware of any prescription drop off locations in your town?

How often do you clean out your medicine cabinet?

What type of medications to you plan to dispose of?

How comfortable are you using drug disposal pouches?

Thank you for taking our survey. Your response is very important to us.

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