



TOXIC CHEMICAL STORAGE

Please Return via FAX to: 408-370-6450

Dear Dr. _____

Regarding your patient _____ who is a resident at Merrill Gardens
of Campbell , a licensed Residential Care Facility for the Elderly.

According to Title 22, we need your approval for your patient to self store the following items:

- Lysol and like items
- Floor wax and like items
- Bleach and like items
- Windex and like items
- Furniture polish and like items
- Nail polish remover and like items
- Dishwashing soap and like items
- Laundry soap and like items
- Room freshener and like items

___ Yes, the above named resident is able to store & use the above named items. He/She is cognitively aware to know if the above named items are swallowed or used as undirected, harm could occur.

___ No, the above named resident should not have any of the listed items stored in their apartment.

Physician's Signature _____ **Phone #** _____

Physician's Name (Printed) _____ **Date:** _____