Pharmaceutical Returns Service

720 Heartland Drive, Suite B
Sugar Grove, IL 60554

CONTROL DRUG REPORT

(800) 215-5878

DATE _____

CUSTOMER / SENDER			CUSTOMER / SENDER *PHARMACEUTICAL RETURNS SERVICES*		
ADDRESS			ADDRESS *720 HEARTLAND DRIVE, SUITE B*		
CITY	STATE	ZIP	CITY *SUGAR GROVE*	STATE *IL*	ZIP *60554*
DEA NUMBER	EXPIR. DATE		DEA NUMBER *RP0194174*		

DRUG NAME OR BRAND NAME *	NDC NUMBER	LOT NUMBER	EXPIR. DATE (M/YY)	- DRUG CLASS - 3 4 5	# OF UNITS IN ORIGINAL PACKAGE	# OF UNITS BEING RETURNED
SAMPLE DRUG	99999 9999 09	5A5BCD555	12/06	☐ ☑ ☐	100	100
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AUTHORIZED SIGNATURE _____ DATE

PHOTOCOPY THIS FORM
Return original to PRS and keep one copy for your records.

* Products can ONLY be combined on the same line if the Drug, Exp. Date, and Lot # are identical.