

PATIENT RETURN SCHEDULE II 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*	STRENGTH	NDC NUMBER	# OF FULL PACKAGES	# OF UNITS IN PARTIAL PACKAGE	TOTAL # OF UNITS
				* Des chus	its can ONLY be

AUTHORIZED SIGNATURE

PHOTOCOPY THIS FORM

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

combined on the same line if the Drug, Exp. Date, and Lot # are identical.



PATIENT RETURN SCHEDULE III-V REPORT

720 Heartland Drive, Suite B Sugar Grove, IL 60554

(800) 215-5878

DATE _

CUSTOMER / SENDER ADDRESS			CUSTOMER / SENDER PHARMACEUTICAL RETURNS SERVICES ADDRESS 720 HEARTLAND DRIVE, SUITE B			
DEA NUMBER	EXPIR. DATE		DEA NUMBER RP0194174			

DRUG NAME OR BRAND NAME*	STRENGTH	NDC NUMBER		TOTAL # OF UNITS
KETAMINE	10MG/ML	67457-0181-00		80 ML
ACETAMINOPHEN CODEINE PHOSPHATE	300MG-30MG	00406-0484-10		647 TAB
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PHOTOCOPY THIS FORM * Producembir				s can ONLY be d on the same

line if the Drug, Exp. Date, and Lot # are identical.