Pharmaceutical Returns SERVICE
720 Heartland Drive, Suite B
Sugar Grove, IL 60554

LEGEND 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*		

PRODUCT DESCRIPTION	NDC NUMBER	STRENGTH	PKG SIZE	LOT #	# OF FULL PACKAGES	# OF UNITS IN PARTIAL PACKAGE	TOTAL # OF UNITS
TRICOSAL	00603-2161-21	750 mg	100	1234567A	1	0	100
Q-PAP ES	00603-0265-32	500 mg	500	1234567B	0	167	167

AUTHORIZED SIGNATURE ____________________ DATE ____________