Pharmaceutical Returns SERVICE

720 Heartland Drive, Suite B
Sugar Grove, IL 60554

(800) 215-5878

SCHEDULE III-V REPORT

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
KETAMINE	10MG/ML	67457-0181-00	4		80 ML
ACETAMINOPHEN CODEINE PHOSPHATE	300MG-30MG	00406-0484-10		647 TAB	647 TAB

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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.