



# Pharmaceutical Returns Service

720 Heartland Drive, Suite B  
Sugar Grove, IL 60554

# Schedule II Return Request

Phone: (800) 215-5878  
Fax: (630) 277-8340

## Section #1 INSTRUCTIONS FOR FILLING OUT CII REQUEST FORM

- 1) It is a violation of DEA Regulations to ship CII's before receiving a DEA 222 form.
- 2) After completing this form, fax to:  
**630-277-8340, Attn: Returns Department.**
- 3) Each partial bottle must be entered on a separate line.
- 4) Multiple **full packages** of the product (same NDC #, lot #, exp. date) may be entered on the same line.
- 5) A **unit** equals the unit of measure (tab, cap, mg, ml, vial, amp, gm, syrg).
- 6) **Original package size** equals # of units contained in an unopened, full container.
- 7) **# of full packages** equals how many unopened, full containers of that NDC.
- 8) **# of units in partial package** equals how many units you have left in an open/partial package.
- 9) **Total # of units** equals the total # of units you are returning.

## Section #2 SHIPPER INFORMATION

Enter all Shipper Information as it appears on your DEA registration.  
- Please include a Photocopy of your DEA registration. -

DEA LIC. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

REGISTRANT'S NAME (print) \_\_\_\_\_

REGISTRANT'S SIGNATURE \_\_\_\_\_

DATE OF SIGNATURE \_\_\_\_\_ PH # \_\_\_\_\_

	ORIGINAL PACKAGE SIZE	# OF FULL PKGS	# OF UNITS IN PARTIAL PKG	TOTAL # OF UNITS	DRUG DESCRIPTION	STRENGTH	NDC
EXAMPLE	100 Tabs	1	0	100 Tabs	Hydrocodone-Bitartrate Acetaminophen	325/ 5mg	00603-3890-04
EXAMPLE	25 vials	0	17 vials	17 vials	Fentanyl Citrate	.05mg/ ml	00074-9094-31
EXAMPLE	100 Tabs	0	62 tabs	62 tabs	Oxycodone	10mg	00172-6354-60
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							