Pharm Returns
www.pharmreturns.net 1-800-215-5878

SCHEDULE III-V DRUG REPORT

PO#: ____________

Ship Date:

Customer:	Phone:
Address:	

City:	State:	Zip:
DEA #:	Exp. Date:	

Reverse Distributor:
Pharmaceutical Returns Service
720 Heartland Drive, Suite B
Sugar Grove, IL 60554
DEA #: RP0194174

DO NOT USE THIS FORM FOR OTC, LEGENDS OR SCHEDULE II DRUGS.
Products can only be combined on the same line if the Drug, Exp. Date, and Lot # are identical.

NDC NUMBER	# Of Full Packages	# Of Partial Units	EXP DATE (M/YY)	LOT NUMBER	DRUG/BRAND NAME	DRUG CLASS		
						3	4	5
						☐	☐	☐
						☐	☐	☐
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						☐	☐	☐
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PHOTOCOPY THIS FORM
Return original to Pharm Returns with your shipment and keep one copy for your records.

Authorized Signature Date