



When submitting this form, please include an updated copy of your DEA and State licenses

Note: Please fill out the top section completely on the first page. Only the Pharmacy Name needs to be completed for each subsequent page.

Schedule 2 Return Request Form

Please complete, then fax to **678-306-1871** or email to **info@therxe.com**

Pharmacy Name:	Example Apothecary
Address:	123 Example Dr
City, State, Zip:	Example, EX 01234
DEA #:	AB0123456
State License #:	ABC123
Wholesaler:	Example Distributors
City, State:	Example, EX
Account Number:	A12345
Today's Date:	01/01/2001

#	NDC (11 digits)	Drug Name	# of Full Containers	Full Quantity per Container	# of Partial Containers	Partial Quantity per Container
1	60793-0603-01	Avinza	1	100		
2	00409-1181-30	Demerol			1	15mL
3	00781-7112-55	Fentanyl	2	5	1	4
4	63459-0542-28	Fentora	1	28		
5	51927-1008-00	Oxycodone HCl			1	20.1gm
6	00406-0552-62	Oxycodone HCl	3	100	1	62
7		same as line 6			1	6
8		same as line 6			3	2
9	00406-8558-30	Oxycodone HCl	1	30mL	1	15mL
10						
11						
12						
13						
14						
15						
16						

For additional forms, instructions, or an example form, please visit our website at www.therxe.com