



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:	12345
Today's Date:	01/01/2001

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.

#	NDC (11 digits)	Drug Name	# of Full Containers	Full Quantity per Container	# of Partial Containers	Partial Quantity per Container
1						
2						
3						

A: Pharmacy Information

Please fill out this section completely on at least one of your Request Forms. Subsequent pages need only the Pharmacy Name filled out, if turned in together.

B: National Drug Code

Use this column to enter the 11-digit NDC of the product that you are seeking to ship. For NDCs not of the form 00000-0000-00 (5-4-2 format) which you are unsure how to convert, its 10-digit form will suffice. If your product has no apparent NDC, be sure to include more detail in the Drug Name column (e.g. the strength and form: Oxycodone HCl, 20mg capsule).

C: Drug Name

Use this column to enter the name of the product that you are seeking to ship. The name on the package is preferred, but the name of the scheduled ingredient or the trade name are also acceptable. If you do not have an NDC listed for a given line, be sure to include the strength and form as well.

D: Quantity

Use these columns to enter the amount of the product that you are seeking to ship. For full containers, simply enter the number of full containers in the first of the four columns, then the quantity of *each full container* in the second column. For partial containers, enter in the third column the number of containers that have the quantity you list in the fourth column. Partial containers with different quantities must be listed separately. Products for which you have both full and partial containers may be listed on the same line, provided partial containers of different quantities are listed separately.

To obtain a blank form or refer to an example form, please visit our website at **www.therxe.com** or call us at **866-458-6072**.