

# Safe-D Pak

for Safe Disposal of  
your Scheduled Drugs



**The Rx Exchange**

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## Safe-D Pak Order Form

### *Your Information*

|                           |  |                   |  |
|---------------------------|--|-------------------|--|
| Registrant Name:          |  | Facility Name:    |  |
| DEA Number:               |  | Phone Number:     |  |
| Email Address (optional): |  | Fax Number:       |  |
| Address:                  |  | City, State, Zip: |  |

### *Your Product Information*

- ☐ Will send C3-5s
- ☐ Will send C2s (must fill out preshipment inventory below)
- ☐ Will send \_\_\_\_\_ pounds of unscheduled products (up to 10)

### *Preshipment Inventory*

| #  | NDC           | Name, Strength, & Form (tab/cap/via/syr/sol/etc) | # of Containers | Qty per Container |
|----|---------------|--|-----------------|-------------------|
| 0  | 01234-5678-90 | Acetaminophen/Example Bitartrate 300-10mg TAB    | 2               | 100               |
| 0  | 12345-6789-00 | Examplephrine HCl 2mg/mL VIA                     | 1               | 5mL               |
| 1  |               |  |                 |                   |
| 2  |               |  |                 |                   |
| 3  |               |  |                 |                   |
| 4  |               |  |                 |                   |
| 5  |               |  |                 |                   |
| 6  |               |  |                 |                   |
| 7  |               |  |                 |                   |
| 8  |               |  |                 |                   |
| 9  |               |  |                 |                   |
| 10 |               |  |                 |                   |

*feel free to make a copy of this form if you need more lines; visit our website below for a blank form*

for more **Safe-D Pak** information, please visit [\*\*therxe.com/SD\*\*](http://therxe.com/SD)