

Safe-D Pak

for Safe Disposal of
your Scheduled Drugs



The Rx Exchange

(p) 866-458-6072

(f) 678-306-1871

(e) info@therxe.com

Safe-D Pak Service Overview

Have C3-5s that you need disposed?

Not a problem! With **The Rx Exchange's Safe-D Pak**, you now have a simple, cost-effective solution to ensure regulated disposal of all of your unneeded controlled substances. Clear your shelves, free up space, maintain compliance, and prevent diversion, all at one low cost! Just fill out the **Safe-D Pak** Order Form and Payment Form, and we will send you a prepaid UPS label; attach this label to your box, and the rest is up to us!

Have C2s as well?

Before you can send us your Schedule 2 drugs, you will need a DEA Form 222. If you fill out the "Preshipment Inventory" portion of your **Safe-D Pak** Order Form, we will have your Form 222 in the mail to your location within 48 hours.

What about non-controls?

You can also use the **Safe-D Pak** for disposal of up to 10 pounds of unscheduled pharmaceuticals or OTC merchandise. These items will be placed into regulated disposal, but you will not be provided with an inventory.

How much does it cost?

Safe-D Pak pricing depends on how much you send:

- \$75 flat fee (this covers inbound shipping, Proof of Destruction, in-house audits, etc)

- \$30 per DEA Form 222 (1 form needed per 20 Schedule 2 line items)

- \$1.60 per inventoried line item

- \$5.00 per pound of non-inventoried items

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

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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

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Safe-D Pak Payment Form

Payment Options:

- ☐ **Credit Card:** Fill out the Credit Card Information section below and send with your Order Form & Payment Form, or call **866-458-6072**
- ☐ **Check:** Call **866-458-6072** for a check-by-phone, or mail with your Order Form & Payment Form to the address listed to the right

To receive your UPS Label:

Send in your Order Form & Payment Form via:

Fax: **678-306-1871**

Scan & Email: **info@therxe.com**

Mail: **Safe-D Pak Processing**

PO Box 1446

Norcross, GA 30091

Receive your prepaid UPS label via:

☐ Fax ☐ Email ☐ Mail *(required for C2s)*

Your label will be sent out within 48 hours!

Credit Card Information

Cardholder Name:		Charge Amount:	
Billing Address:			
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number:		Expiration Date:	
Signature:		CVV:	

To Calculate the Cost:

Start with \$75

Add \$1.60 per scheduled line item

Add \$30 per 20 C2 line items

Add \$5 per lb of unscheduled items

Try our Billing Calculator →

Billing Calculator

	\$75.00 flat fee	=	\$75.00
<input type="checkbox"/> C3-5s:	___ line items x \$1.60 per C3-5 line item	=	
<input type="checkbox"/> C2s:	___ line items x \$1.60 per C2 line item	=	
	+ ___ sets of 20 line items x \$30.00 per Form 222	=	
<input type="checkbox"/> Rx/OTCs:	___ pounds x \$5.00 per pound	=	
Total:			

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