The Rx Exchange
Pharmaceutical Returns Service
Reverse Distribution of Expired Pharmaceutical Products
866-458-6072

Schedule 2 Return Request Form

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

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.

Pharmacy Name:	
Address:	
City, State, Zip:	
DEA #:	
State License #:	
Wholesaler:	
City, State:	
Account Number:	
Today's Date:	

#	NDC (11 digits)	Drug Name	# of Full Containers	Full Quantity per Container	# of Partial Containers	Partial Quantity per Container
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

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