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

Schedule 3, 4, 5 Return Request

(Send copy with controls)

Please complete and fax to 678-306-1871 or email to info@therxe.com

Pharmacy: _____	Wholesaler: _____
Address: _____	City: _____ State: _____
_____	Account #: _____
Phone: _____ Fax: _____	Notes:
DEA # _____ Expires: _____	
State Lic #:_____ Expires: _____	

Please print clearly. Failure to do so might delay the processing of your return

Name of Drug or Preparation	# of Containers	Contents (# of grams, tablets, ounces or other units per container)	Form (tablets, capsules or liquid)	Controlled Substance Strength (unit dose)	NDC #	Manufacturer
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	

Completed by: _____ **Date:** _____

Received by: _____ **Date:** _____

Important- In order to process your request, you must submit a recent copy of your DEA License and State License. Failure to do so may result in unnecessary delays.