

Guaranteed Returns® CIII-CV Verification Form

REPORTING FORM FOR EXPIRED SCHEDULE III-V PHARMACEUTICALS

DEA # RD0188311 • EPA # NYR000122879
Fax: 631-689-1589 • Email: c2s@guaranteedreturns.com

Date Submitted: _____ Customer DEA#: _____
 Customers GRx Account #: _____ Phone: _____
 Facility Name: _____ Wholesaler: _____
 Address: _____ Address: _____
 City, State Zip: _____ City, State Zip: _____

Instructions:

- *Prior to completing this form, please read the CII-CV shipping procedures on the other side of this form.*
- *Please complete this form, listing the exact quantity, product description, and NDC number of all scheduled CIII-CV returns.*
- *Retain a copy for your records and place the original in the shipping carton(s).*

	Quantity	Product Size	Product Description	Product NDC Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

*Attach Additional Inventory Page(s) If Needed Page ____ of ____

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