

## INSTRUCTIONS FOR SCHEDULE DRUG INVENTORY FORM

1. At the top of the form please fill out your company information. Please provide a PO# if required for payment.
2. List in column 2. the DEA class of the drug (CII-V).
3. **CII drugs must be listed on a separate form. Please fax or email the inventory form that lists the CII drugs to either 615-361-8859 or [BoundTreeReturns@rpreturns.com](mailto:BoundTreeReturns@rpreturns.com). We will then issue you a DEA form 222 via mail. Once you receive the DEA form 222 you can then ship us your return.**
4. List in column 3. the name of the drug.
5. List in column 4. the strength of the drug (e.g. 5mg, 10mg/ml, etc.)
6. List in column 5. the form of the drug (e.g. tab, cap, vial, syr, etc.)
7. List the full package or partial package quantity (see example below).
8. List in column 11. the National Drug Code (NDC#).

- **An example of a completed line if you were returning 4 vials of Morphine with an NDC# of 10019-178-44 would read:**

	DEA CLASS	ITEM NAME	STRENGTH	FORM	FULL PACKAGE		PARTIAL PACKAGE			NDC #
					QTY	PKG SIZE	QTY	COUNT	PKG SIZE	
1	<b>II</b>	<b>Morphine</b>	<b>10mg</b>	<b>vial</b>	<b>4</b>	<b>1ml</b>				<b>10019-178-44</b>

- **An example of a completed line if you were returning 5 bottles of Hydrocodone 10mg tabs totaling 367 tabs (3 full bottles of 100 tabs and 2 partial bottles totaling 67 tabs) with an NDC# of 00603-3885-21 would read:**

	DEA CLASS	ITEM NAME	STRENGTH	FORM	FULL PACKAGE		PARTIAL PACKAGE			NDC #
					QTY	PKG SIZE	QTY	COUNT	PKG SIZE	
1	<b>III</b>	<b>Hydrocodone</b>	<b>10mg</b>	<b>tab</b>	<b>3</b>	<b>100</b>	<b>2</b>	<b>67</b>	<b>100</b>	<b>00603-3885-21</b>

9. Once you have listed all the drugs on the form you then enter the "Form Completion" date and sign "Completed By" at the bottom of the page.
10. Include a copy of the form in the box you are shipping to us and retain another copy for your records.
11. Please separate DEA class II drugs from DEA class III-V drugs within the same box(s) being shipped to us.
12. Pre-Paid UPS shipping labels are provided at [www.rpreturns.com](http://www.rpreturns.com) and following step 5 after clicking on "Bound Tree Customer Returns." **Username is:** BOUNDTREE  
**Password is:** RPRETURNS
13. For better customer service, we provide you with a pre shipment notification form which you can fill out and fax to 615-361-8859. The purpose of this form is to alert us of incoming boxes.
14. Upon receipt of box(s) we will audit then destroy the drugs at an EPA/ DEA approved incineration facility. Once the drugs are destroyed we will send you a copy of the form. This copy will have additional signatures and dates to show when the drugs were received, audited and destroyed by RP Returns.
15. Our Certificate of Incineration will accompany the form as well. Please keep both forms for your records.
16. **PLEASE CALL 888-361-8856 WITH ANY QUESTIONS OR CONCERNS YOU MAY HAVE.**



## SCHEDULE DRUG INVENTORY FORM

COMPANY NAME:	PO# (IF REQUIRED):				
ADDRESS:					
CITY:		STATE:		ZIP:	
PRIMARY CONTACT:		PHONE:		FAX:	
BOUND TREE ACCT#:		DEA LICENSE #:			

**IMPORTANT! ALL SHIPMENTS MUST BE ACCOMPANIED BY A TRACKING NUMBER**

	DEA CLASS	ITEM NAME	STRENGTH	FORM	FULL PACKAGE		PARTIAL PACKAGE			NDC #
					QTY	PKG SIZE	QTY	COUNT	PKG SIZE	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

AUDITED BY: \_\_\_\_\_

DESTROYED BY: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_