

DRUG RETURN FORM

Please fill out this form and include it with required items to:
 SHS, Select Health Services, LLC, 251 Hobson Ave, Hot Springs, AR 71913.
 You may also fax this form to: (504)737-4500 / (877)822-4500

Customer Name: _____
Company Name: _____
Address: _____
City and State: _____ **Zip:** _____
Phone: _____ **E-mail Address:** _____

Item #	Item Description	Qty.	Lot#	Invoice/Order #	Reason for Return Code

For all States (except Florida)

The Prescription Drug(s) (Pedigree Product) that I am returning was purchased from SHS, Select Health Services, LLC and billed to me on the invoice referenced in this return goods document. I have stored the Pedigree Product being returned in accordance with State and Federal laws and am shipping the product in accordance with same. I declare that I have read the foregoing and that the facts stated in it are true.

Signature, Authorized Recipient: _____ Print Name: _____
 Title: _____ Date: _____

For Florida:

The Prescription Drug(s) (Pedigree Product) that I am returning was purchased from SHS, Select Health Services, LLC and billed to me on the invoice referenced in this return goods document. I have stored the Pedigree Product being returned in accordance with the requirements of Section 499.0121, F.S., and am shipping the product in accordance with same. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

Signature, Authorized Recipient: _____ Print Name: _____
 Title: _____ Date: _____

REASON FOR RETURN CODES

SERVICE	SATISFACTION	QUALITY
DO – Item Damaged in Transit D4 – Did Not Order Item OVR – Over Shipment of Items RF – SOI Received Warm/Frozen	D6 – Duplicate Order Shipped – Custom Error D7 – Duplicate Order Shipped – MM Error W3 – Wrong Product Ordered	D2 – Defective Merchandise P3 – Unacceptable Quality R6 – Item Recalled S3 – Short Dated Item Returned