|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Information** | | | | | | | | | | |
| Customer Name |  | | | | | | Date | |  |  |
| Address |  | | | | | | | | |  |
| City |  | | | State | |  | | Zip |  |  |
| Contact |  | | | Phone | |  | | | |  |
| DEA # |  | Expiration Date |  | | State Permit # | | | |  |  |
|  | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Drug or Preparation** | **# of**  **Con-tainers** | **Contents**  **(# of grams, tablets, ounces)**  **Per container** | **Strength** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| 16. |  |  |  |  |
| 17. |  |  |  |  |
| 18. |  |  |  |  |
| 19. |  |  |  |  |
| 20. |  |  |  |  |