**Non-Scheduled Inventory Form Instructions**

Please complete all customer information as indicated on your DEA Registration Certificate or State License.

Inventory and list all Non-Scheduled pharmaceuticals being shipped for destruction:

* Only list Non-Scheduled items that will be sent
* Partials must be listed on separate lines (please see example below)
* Failure to list NDCs may result in delay of processing

Email, fax or mail completed Non-Scheduled Inventory Form to:

* **Covanta Environmental Solutions**

7326 E. Evans Road

Suite B

Scottsdale, AZ 85260

**FAX: (480) 659-2353**

**Email: returns@returnsrx.com**

Make a copy of form for your files and send the original copy along with your shipment

* Flat Rate Box Customers – Call or email to request a shipping label
  + Flat Rate Box labels are prepaid with signature for delivery. You will automatically receive tracking in your email
* Bulk Customers – Use shipper of your choice and email the tracking number to returns@returnsrx.com
  + Pack and mail your shipment to:

**Covanta Environmental Solutions**

7326 E. Evans Road

Suite B

Scottsdale, AZ 85260

* + - We require using a shipping method that can track and confirm delivery of your shipment

If further clarification is needed, please call (480) 659-9611

**Example**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size.** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
| 100 | 27 | 1 | Amoxicillin Tablets | 875mg | 00172-7411-60 |
| 100 | 50 | 2 | Amoxicillin Tablets | 875mg | 00172-7411-60 |
| 100 | 100 | 1 | Amoxicillin Tablets | 875mg | 00172-7411-60 |
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| **Non-Scheduled Customer Inventory** | | | | | | | | | | | |
|  | | | 7326 E. Evans Road • Suite B • Scottsdale, AZ 85260  Phone: (480) 659-9611 • Fax: (480) 659-2353  [www.returnsrx.com](http://www.retunrsrx.com)  DEA #: RC0518160  AZ State Board of Pharmacy #: W002955 | | | | | | | | |
| **Customer Information** | | | | | | | | | | | |
| Facility Name |  | | | | | | | Date | |  |  |
| DEA Registrant |  | | | | | | | | | |  |
| Address |  | | | | | | | | | |  |
| City |  | | | | State | |  | | Zip |  |  |
| Contact |  | | | | Phone | |  | | | |  |
| Email |  | | | | Fax | |  | | | |  |
| DEA # |  | Expiration Date | |  | | State Permit # | | | |  |  |
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| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC Number** |
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| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC Number** |
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|  |  |  |  |  |  |  |
|  | *Signature* |  | *Title* |  | *Date* |  |