**Schedule III-V Inventory Form Instructions**

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

Inventory and list all Schedule III-V pharmaceuticals being shipped for destruction:

* Only list Schedule III-V 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 Schedule III-V 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** |
| 10ml | 10ml | 50 | Diazepam Injectable Solution | 5mg/ml | 00409-3213-02 |
| 10ml | 9ml | 2 | Diazepam Injectable Solution | 5mg/ml | 00409-3213-02 |
| 25x1ml | 17x1ml | 1 | Lorazepam Injectable Solution | 2mg/ml | 10019-0102-01 |
| 100ea | 57ea | 1 | Diazepam Tablets | 10mg | 00172-3927-60 |

|  |
| --- |
| **Schedule III-V Customer Inventory** |
|  | 7326 E. Evans Road • Suite B • Scottsdale, AZ 85260Phone: (480) 659-9611 • Fax: (480) 659-2353[www.returnsrx.com](http://www.returnsrx.com)DEA #: RC0518160AZ 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* |  |