Date Shipped _____

Date Received _____

# of Pages _____

Pharmaceutical Inventory

Shipper: (Customer Address)

Name:
Address:

Ph#:
State License#:
DEA#:
Permit#:

Consignee:

Quality RX Returns, Inc.
2936 Middlebrook Pike
Knoxville, TN 37921
P:(727) 499-2211
F: (865) 951-2497
State License#: 3170
DEA#: RQ0395930

Qty:		NDC#:		Description	(include strength and	dosage)		

Pharmacist: _____

**Please fax copies of inventories State License and DEA License before shipment. Please secure a copy your inventory enclosed in an envelope on the outside of the box. Thank You!