



Specialty Pharma and Generics Division CII Controlled Substance Returns Form

This form must be Included with all returns for credit consideration. All returns are subject to Impax Specialty Pharma and Impax Generics' Return Goods Policies and Terms & Conditions of Sale. All returns must be made through a wholesaler or third-party processor.

Section 1: Primary Information for Customer Making the Return

Date of Return: _____

Contact Person: _____

Phone: () - _____

Company Name: _____

Email: _____

Fax: () - _____

of Boxes/Cartons Used to Ship This Return: _____

DEA#:

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Section 2: Direct Customers Only

Product was purchased directly from Impax Specialty Pharma or Generics Division. Product NOT purchase directly from Impax Specialty Pharma or Generics Division, proceed to Section 3

PO# / Debit Memo #	
Account Name	
Address	
City, State, Zip	
Account#	

Upon completion of **Section 2**, proceed to **Section 4**

Section 3: Indirect Customers Only

(Product purchased from Distributor / Wholesaler)

Customer Info	
HIN#	
PO# / Debit Memo #	
Business Name	
Address	
City, State, Zip	
DEA#	
Wholesaler/Distributor Info	
Business Name	
Address	
City, State, Zip	
Account#	

All reimbursements for indirect customer returns will be made via Distributor or Wholesaler of purchase record. No reimbursements will be made directly to indirect customers.

Section 4: Shipping Instructions

CII Product Returns ONLY!

1. Visit www.PharmaLinkinc.com/MReturns and follow on-screen instructions to obtain a DEA 222 Form and CII return kit.
2. Ship **CII** Returns to be processed pre-paid freight to:

Impax Return Goods
PharmaLink, Dock 21
8285 Bryan Dairy Road # 160
Largo, FL 33777-1350

(T) (800) 257-3527
(F) (727) 669-8327

REQUIRED INFORMATION:

Include an itemized list detailing:

 - NDC
 - Quantity
 - Lot#
 - Product Name
 - Expiration Date
 - Debit Memo
 - Customer Requesting Credit
 - Requested Price for Credit

Notes

- This product is not for resale
- This form must be included with all returns for credit consideration
- Failure to supply requested information may lead to processing delays.
- Please contact PharmaLink with Questions relating to this process @ (800)257-3527.

Brand and Generic Division products must be returned separately on different debit memos.