



Specialty Pharma and Generics Division

Returns Form for Non-Controlled Product

This form or the customer debit memo must be included with all returns for credit consideration. All returns are subject to the Return Goods Policies and Terms & Conditions of Sale for the Specialty Pharma and Generics Divisions. 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#:

--	--	--	--	--	--	--	--	--

Section 2: Direct Customers Only

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

PO# / Debit Memo #	
Account Name	
Address City, State, Zip	
Account#	
<i>Upon completion of Section 2, proceed to Section 4</i>	

Section 3: Indirect Customers Only

Product was 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#	
<i>All reimbursements for indirect customer returns will be made via the Distributor or Wholesaler of purchase record. No reimbursements will be made directly to indirect customers.</i>	

Section 4: Shipping Instructions

Non-Controlled Products Only

- Required: Include an itemized Packing List containing the Product Name, Lot or Control Number, and the Quantity of each product being returned.
- Along with the itemized packing list and this form, please ship your return to:

MSC Impax 3
PharmaReturns, Inc.
Processing Center
100 Corporate Drive,
Suite 2
Montgomeryville, PA
18936-9644

Section 5: Important Message

- Specialty Pharma and Generics Division products must be segregated and returned separately on different debit memos.
- This product is not for resale
- Direct questions to PharmaReturns at:
 - Telephone: 215-653--7400, ext.110
 - FAX: 1-877-658-0075
 - Email: ImpaxInfo@ReturnSolutions.com
- Failure to supply complete and accurate information may lead to a delay in processing of your return