



STATEMENT OF RETURNED MEDICATION

PHARMACY NUMBER DATE

PHARMACY NAME ADDRESS

INSTITUTION NAME ADDRESS

Table with 3 columns: QUANTITY, DESCRIPTION, AMOUNT

CHECK ONE

- PAYMENT ENCLOSED FOR THE NET AMOUNT
DEDUCT THE NET AMOUNT FROM PAYMENT STATEMENT

TOTAL

LESS RESTOCKING FEE

NET AMOUNT

I CERTIFY THIS TO BE AN ACCURATE STATEMENT OF THE MEDICATIONS DESTROYED AND OF THE AMOUNT DUE MSI FOR RETURNED MEDICATIONS RESTOCKED TO INVENTORY

I CERTIFY THIS TO BE AN ACCURATE STATEMENT OF MEDICATIONS EITHER RETURNED TO THE PHARMACY OR DESTROYED IN MY PRESENCE