EMERGENCY MEDICAL PRODUCTS, INC.
1711 PARAMOUNT COURT
WAUKESHA, WI 53186
1-800-558-6270 FAX: 1-800-558-1551
www.buyEMP.com

Expired Drug Return Form

EDRF# _____

DIRECTIONS:
Due to the Federal guidelines placed on us by the Food & Drug Administration (FDA) and the Drug Enforcement Agency (DEA), this form must be filled out completely to ensure the correct compliance to the required guidelines and that your return is processed efficiently. Simply send this form along with your shipment of expired drug(s) to the address above with your EDRF# marked on the outside of the box. Contact an EMP customer service representative for an EDRF#. Thank you for your business and cooperation!

EMP Customer Number _____

Your Name: _____

Department Name: _____

Shipping Address: _____

_____

Phone Number(s) _____

- *This Return Program is for most amps, vials, and pre-filled syringes.*
- *Excludes Narcotics, IV Bags and Bottles, Irrigation Solutions, Over-the-counter Meds, Topical Jelly and Ointments, Glutose and Oral Medications, Laryng-O-Jets, Nasal Sprays, Inhalants, Aerosols, kits, and special order items.*
- *Must have expired drug(s) sent back to us within 30 days of expiration.*

Quantity Returned	EMP Invoice Number	EMP Item Number	Description	Lot Number	Expiration Date

Notes:

_____

_____

_____

Signature: _____

Date: _____

Thank You!