

# EXPIRED DRUG RETURN FORM #46

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## 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.

- *This Return Program is for most amps, vials, and pre-filled syringes.*
- *Excludes narcotics, I.V. bags and bottles, irrigation solutions, over-the-counter meds, topical jelly and ointments, glucose 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.***
- *Products must be intact and in their original packaging.*

**EDRF#** \_\_\_\_\_

EMP Customer Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

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

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_