

Return Authorization Form

PLEASE ALLOW 5-7 BUSINESS DAYS TO GENERATE PICK UP

Patient Name: _____ **Facility:** _____ **Date:** _____

PLEASE ATTACH A CURRENT SIGNED DC ORDER FOR THE ITEM/S LISTED FOR RETURN

Rx #	Medication Name	Rx Date	Rx Qty	Authorized	Needs Dc Order	Reason For Return
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____
						<input type="checkbox"/> Order Dc'd <input type="checkbox"/> Resident Discharged <input type="checkbox"/> Resident Deceased OTHER: _____

My signature verifies the items and quantities on this form are being returned to the pharmacy.

Facility Representative: _____ Date: _____

Pharmacy Representative: _____ Date: _____

For Pharmacy use only

All items listed above are authorized for return unless the **Needs Dc Order** is checked.

Pharmacy Initials: _____

Return Authorization Procedure

- 1) Facility fills out form completely
- 2) Facility faxes form to pharmacy for pharmacy's review. Fax: 541-744-1052 Toll Free Fax: 866-367-8702
- 3) Pharmacy will review the form and authorize return for the item/s listed for return. If an item/s needs a Dc'd order then the box will be checked and faxed back to the facility to alert the sender that the pharmacy needs the proper order to authorize the return for that item/s.
- 4) Once the pharmacy has approved and initialed the form for all the listed item/s for return, a pick up slip will be generated and sent with the delivery driver for pick up at the facility. Please allow the Pharmacy 5-7 business days to generate a pick up for the item/s.
- 5) Pharmacy Representative will sign the form upon pick up.

NOTE: A Delivery Driver is not authorized to pick up any item/s without the Pharmacy initials on the form.

NOTE: Per Oregon State Board of Pharmacy Law, we CANNOT accept ANY controlled substances for return.