



Astor Drugs

RETURN AUTHORIZATION FORM

Please sign and date on the spaces provided below and fax this back to us as soon as possible. We will issue a call tag to have the goods picked up from your location upon receipt of this completed Return Authorization Form.

Date Requested:	
Invoice #:	
Customer Name:	
Address:	
Email:	
Phone:	
Fax:	

NDC	Description	Qty	Inv #	Inv Date	Reason

- All items returned must be saleable, unopened and in original container.
- Refrigerated items are not returnable.
- Returned items may be subject to a restocking fee.
- All short dated and special order products are not eligible for return.

The undersigned guarantees that all products returned to Astor Pharmaceuticals LLC have been stored, handled and shipped in accordance with manufacturer guidelines, Federal, State and Local Laws, including the Prescription Drug Marketing Act requirements of (f.s.499.0121) and the rules adopted there under while in the purchaser's custody and control. Any products not meeting the above requirements are not eligible for return or credit. All products returned must be authorized in advance. Astor Pharmaceuticals LLC reserves the right to return or destroy products that are ineligible for credit or sent without prior authorization. Furthermore, the undersigned also guarantees by signing, that the specific unit (exact unit) being returned was purchased from Astor Pharmaceuticals LLC Upon completion and return of this Return Authorization, Astor Pharmaceuticals LLC will send pick up tags for the returns in accordance with our return policy.

Changes to the Prescription Drug Marketing Act, implemented 12/01/2016, require that pharmacies returning product to a wholesaler either issue a pedigree for the returned product or, in lieu of a pedigree, (a) return the drugs to the wholesaler or manufacturer from which they were purchased and (b) maintain for a period of 3 years' records that document each return and the source from which the pharmacy originally purchased the drug. These changes to the PDMA law require us to document that returned product was originally purchased from Astor Pharmaceuticals LLC. Returned product NOT PURCHASED from Astor Pharmaceuticals LLC cannot be accepted and will be destroyed with no credit issued.

I certify that the product(s) returned was(were) purchased from Astor Pharmaceuticals LLC and was(were) stored according to requirements specified on the product(s) label(s).

Customer Name (Signature): _____

Customer Name (Printed): _____

Business Title: _____

Please complete and FAX: 631-888-6225 OR Email this form to info@astordrugs.com