



## Return Form

To expedite returns please complete entire form and fax to **410.415.7004**, or email it to **customerservice@healthsourcedist.com**.

I would like to receive my return label via:  Fax  Email

Pharmacy Name		Attn	
Address			
City		State	Zip
Phone Number	Fax Number	Email Address	

Date of Purchase	Invoice or Order #	NDC #	Lot #	Item Description	Qty

### HealthSource Distributors, LLC Return Policy

At Healthsource Distributors we understand occasionally there will be the need to return products you have purchased. Please see the return guidelines and procedures below:

- HealthSource Distributors will only accept returns of purchases made directly from Healthsource.
- We will accept returns of ordering errors, mistakes and damaged goods within 20 days of the customer receiving the order. Please notify us by completing this return form.
- After 20 days, all returns will be subject to a 10% restocking fee and will be accepted for return at our discretion.
- Refrigerated, Expired, Shop Worn, and Short Dated items will not be accepted for return.
- Returns, once received will be processed within 2 business days and credit will then be posted to your account.
- Credit will be based upon the invoiced price or the items current market sale price.

To process a return, please follow these steps:

- **Complete this form in its entirety and email it to customerservice@healthsourcedist.com or fax it to 410.415.7004**
- A Return Authorization will be faxed or emailed to you along with a FedEx label
- Include the return authorization in the box with the items and affix the FedEx label to your box.
- Once the items have been received, your account will be credited accordingly.

The Prescription Drug(s) that I am returning was purchased from Healthsource Distributors, LLC and billed to me on the invoice referenced in this return goods document. I have stored the Prescription Drug(s) being returned in accordance with State and Federal laws and am shipping the product in accordance with same. I declare that I have read the foregoing and that the facts stated in it are true.

Signature of Authorized Recipient	Print Name
Title	Date