

QUEST PHARMACEUTICALS, INC.
P. O. BOX 270
300 EAST CHESTNUT STREET
MURRAY, KY 42071

PRODUCT RETURN REQUEST

Account # _____ Date: _____

Pharmacy: _____

Address: _____

I _____, would like to return the following products which were purchased from Quest Pharmaceuticals.

This document will serve as assurance that all products being returned have been maintained under the proper USP storage conditions and are free from any contamination or adulteration. I understand that Quest retains the right to refuse credit for any product not purchased directly from Quest or any product showing evidence of mishandling.

Please package all returns in boxes of sufficient size and with proper packaging material to prevent damage during shipment. Quest cannot be responsible for damage incurred during shipping. No credit will be issued on damaged product. Padded envelopes do not provide adequate protection for boxed and glass containers.

NDC #	DESCRIPTION/STRENGTH/SIZE	LOT #	EXP DATE	QTY

Authorized Signature _____