

Certification of Transfer and Destruction of Controlled Substance PHARMACEUTICAL CREDIT CORPORATION

(615) 373-4262 • (800) 487-4308 • FAX (615) 373-7727

SCHEDULE II ONLY: MUST BE ON A SEPARATE FORM

SCHEDULE III, IIIN, IV, & V MAY BE ON SAME FORM

MUST PRINT IN INK OR TYPE ON THIS FORM:

FROM: _____

TO: 

PHARMACEUTICAL CREDIT CORPORATION

130 Seaboard Lane, Suite A-6
Franklin, TN 37067
DEA# RP0209456
800-487-4308
Fax (615) 373-7727

DEA# _____ Phone# _____

Print name of
Pharmacy Contact: _____
Agent's Name: _____

NOTE: Certified Mail (Return Receipt Request) is required for shipments of drugs via U.S. Postal Service:
The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

#	DEA CLASS	NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance content, (Each Unit)	NDC#	MANUFACTURER NAME	INITIALS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Date _____ 200 _____
Date _____ 200 _____
Date _____ 200 _____

Completed By _____
Received By _____
Audited By _____
Destroyed By _____
Witnessed By _____