

# Schedule I & II Return Request Instructions

PLEASE READ INSTRUCTIONS CAREFULLY. COMPLETE THE "SCHEDULE I & II RETURN REQUEST" IN FULL AND MAIL/EMAIL/FAX TO:

**Inmar Rx Solutions, Inc.**  
 Ste 125  
 3845 Grand Lakes Way  
 Grand Prairie, TX 75050  
**Inmar FAX: (817) 868-5342**  
**Inmar EMAIL: [222@inmar.com](mailto:222@inmar.com)**

1. Enter **DEA Name, DBA (Doing-Business-As)** and **complete address** (as indicated on your DEA Controlled Substances Registration Certificate) along with your **Wholesaler Information**.
2. Enter **INMAR/EXP Account Number**, if you do not have an INMAR/EXP Account Number insert the word **"NEW."**
3. **Buying Group** is the name of your Group Purchasing Organization (e.g. PREMIER).
4. Enter **Shipper Phone Number, DEA Number** and **DEA Expiration Date**.
5. When listing Schedule I & II Controlled Substances: *(See example below)*
  - a. A DEA 222 Form will be issued for each twenty (20) line entries.
  - b. Partials **must** be listed on a separate line.
6. Completed form must be signed and dated by authorized registrant.
7. Do **NOT** return Schedule I & II items at this time.
8. Upon receipt of this form at INMAR/EXP, a DEA 222 Form will be prepared and mailed to you.

COLUMNS ARE PROVIDED FOR QUANTITIES AND ITEM IDENTIFICATION. THE FIRST COLUMN HAS 2 SECTIONS FOR FULL CONTAINERS. SECTIONS ARE FOR QUANTITY AND ORIGINAL PACKAGE SIZE (e.g. 2 BOTTLES OF 100, ETC). THE NEXT COLUMN HAS 3 SECTIONS FOR PARTIAL CONTAINERS. SECTIONS ARE FOR QUANTITY, PARTIAL COUNT, AND ORIGINAL PACKAGE SIZE (e.g. 1 BOTTLE WITH 57 PARTS OF 100). THE LAST 2 COLUMNS ARE FOR IDENTIFICATION AND REQUIRE YOU LIST THE ITEM NAME, FORM, STRENGTH AND NATIONAL DRUG CODE.

## EXAMPLE

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY	
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE
1.	2	100				NEMBUTAL SODIUM CAPS 100MG	00074-0314-12
2			1	57	100	NEMBUTAL SODIUM CAPS 100MG	00074-0314-12
3			2	30	100	NEMBUTAL SODIUM CAPS 100MG	00074-0314-12
4							
5							



**Inmar Rx Solutions, Inc.**

Ste 125

3845 Grand Lakes Way

Grand Prairie, TX 75050

DEA No.: RR0191902

**Schedule I & II Return Request**

**Inmar Phone:** (888) 397-7979

**Inmar Fax:** (817) 868-5342

**Inmar EMAIL:** [222@inmar.com](mailto:222@inmar.com)

PLEASE READ INSTRUCTIONS ON THE FORM **CAREFULLY** AND **COMPLETE IN FULL.**

**PLEASE PRINT CLEARLY.**

IF FURTHER CLARIFICATION IS NEEDED, PLEASE CALL (888) 397-7979

SHIPPER INFORMATION:				WHOLESALE INFORMATION:			
DEA NAME:				NAME:			
DBA NAME:							
ADDRESS:				ADDRESS:			
ADDRESS:				ADDRESS:			
CITY:	STATE:	ZIP:		CITY:	STATE:	ZIP:	
INMAR ACCT#:	BUYING GROUP:			WHSL ACCT#:			

Shipper Phone No.: (     ) -                      DEA No.:                      DEA Exp. Date                      \_\_\_\_\_

Print Name (Authorized Registrant)                      Signature (Authorized Registrant)                      Date

**PLEASE NOTE - THIS FORM IS NOT AN AUTHORIZATION TO RETURN SCHEDULES I & II ITEMS. UPON RECEIPT A "DEA 222 ORDER FORM" WILL BE MAILED TO YOU. ONCE YOU RECEIVE THE COMPLETED "DEA 222 FORM" ONLY THE SCHEDULE I & II ITEMS LISTED AND QUANTITY SPECIFIED MAY BE RETURNED. NOTE: INMAR/EXP RECOMMENDS USING A SHIPPING METHOD THAT CAN TRACK AND CONFIRM DELIVERY OF YOUR SHIPMENT. (See Instructions on Reverse Side of Form)**

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY		
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE	EST PRICE
1.								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								