



Standard Pharmaceutical Product and Medical Device Information (Rx Product Only)

Version 2021

For Designated Drop Ship Only Products, Please Use Page 3

MATERIAL HAZARD CLASSIFICATION and TRANSPORTATION

Is this product (check all that apply):

a. Cytotoxic? No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
 Is the product a CA Prop 65 carcinogen? No
 Is the product a CA Prop 65 reproductive toxicant? No
 Does the product label bear a CA Prop 65 warning? No

c. Contact Hazard? No

d. Does this product require special clean-up instructions?
 (If yes, attach SDS with special instructions.) No

e. Does the product contain DEHP? No

Is this product regulated for shipment by DOT?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

Is this product regulated for shipment by IATA?
 (if yes, answer a-e below and provide SDS) No

a. UN/Identification Number

b. Proper Shipping Name

c. DOT Hazard Class

d. Packing Group

e. Inhalation Hazard? No

Is the product restricted for air shipment? If so, indicate restriction: No

Passenger
 Cargo
 Passenger & Cargo

Is this a reportable quantity? No
 RQ Threshold:

Is this a marine pollutant? No

Is this product shipped utilizing an authorized DOT exception or Special Permit?
 No (if yes, identify method below)

Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP
 Special Provision (listed in Column 7 of 49 CFR 172.101);
 SP#

SDS Hazard Classification

Organic
 Inorganic
 Steroid/Androgen

Corrosive
 Oxidizer
 Contact Hazard

Does the product have an Aerosol class? If yes, identify NFPA Storage Level: No

NFPA Storage Level:

Is the product a NIOSH hazardous drug?
 If yes, indicate which: No

Hazardous Waste Identification

EPA Hazardous Waste Code:

Waste Characteristics:

REMS or REGISTRY RESTRICTIONS

Is there a REMS on this product? No

If Yes, is it managed with a pharmacy registry?
 Website URL:

Med Guide Required No

Limited Distribution Requirement No

Comments / Details: (For example, iPledge program?)

REMS: No

REMS Program Manager Name: Phone:

Supplier Manages REMS registry exclusively:

Wholesale distributor support:

Provider Name: DEA #:

Site Enrollment Number assigned by Supplier: NCPDP#:

NPI #:

Comments IT IS NOT A REMS PRODUCT

Registry: No

Registry Program Contact Name: Phone:

Comments IT IS NOT A REMS PRODUCT

ADD'L STORAGE INFORMATION

Is the Product...

Controlled Substance? No Controlled Substance Code

Controlled by State(s)? No Listed Chemical (List I or II) No

ARCOS Reportable? No If yes, indicate which:

Schedule No. Is it a scheduled listed chemical product? No

CLASS OF TRADE RESTRICTION:

No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices Yes

Restricted to retail pharmacy only:

Restricted to hospital, clinics, and physician offices only:

Restricted from US territories? (explain in comments)

Comments:

RETURN INSTRUCTIONS

Contact tel. # if product received damaged:

Is product returnable for credit:

URL/Link to returns policy: <https://creekwoodpharma.com/wp-content/uploads/2023/07/Return-Goods-Policy.pdf>

Special regulations or returns requirements for this product in certain states?

If so, which states? Other requirements? Comments?

MISCELLANEOUS NOTES and/or Image of Product Barcode:



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FOR DESIGNATED DROP SHIP PRODUCT ONLY - if not a designated drop ship, do not complete.

Order Method for Designated Drop Ship Product	Standard Order Receipt and Processing																				
<p>Purchase orders may be accepted by:</p> <table border="0"> <tr> <td>a. EDI</td> <td><input type="checkbox"/></td> <td>Yes</td> <td></td> </tr> <tr> <td>b. Autofax</td> <td><input type="checkbox"/></td> <td></td> <td>Fax Number: <input type="text"/></td> </tr> <tr> <td>c. Fax</td> <td><input type="checkbox"/></td> <td></td> <td>Fax Number: <input type="text"/></td> </tr> <tr> <td>d. Phone only</td> <td><input type="checkbox"/></td> <td></td> <td>Phone No.: <input type="text"/></td> </tr> <tr> <td>e. Supplier Web Site only</td> <td><input type="checkbox"/></td> <td></td> <td>Site Address: <input type="text"/></td> </tr> </table> <p>Minimum Order Quantity: <input type="text"/> Units</p> <p>Supplier's Customer Service Number: <input type="text"/></p> <p>Contracted 3PL company / contact #: <input type="text"/></p> <p>Name: <input type="text"/> Direct customer solutions (R & S)</p> <p>Phone: <input type="text"/> 1-800-655-7556</p>	a. EDI	<input type="checkbox"/>	Yes		b. Autofax	<input type="checkbox"/>		Fax Number: <input type="text"/>	c. Fax	<input type="checkbox"/>		Fax Number: <input type="text"/>	d. Phone only	<input type="checkbox"/>		Phone No.: <input type="text"/>	e. Supplier Web Site only	<input type="checkbox"/>		Site Address: <input type="text"/>	<p>Purchase order daily receipt cut off time by supplier</p> <p>Cut off time: <input type="text"/></p> <p>Shipping lead time of PO: <input type="text"/> Hours <input type="text"/> Days</p> <p>Ships same day for next day receipt: <input type="checkbox"/></p> <p>Ships for second day receipt: <input type="checkbox"/></p> <p>Ships regular ground for 3-10 days receipt: <input type="checkbox"/></p>
a. EDI	<input type="checkbox"/>	Yes																			
b. Autofax	<input type="checkbox"/>		Fax Number: <input type="text"/>																		
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d. Phone only	<input type="checkbox"/>		Phone No.: <input type="text"/>																		
e. Supplier Web Site only	<input type="checkbox"/>		Site Address: <input type="text"/>																		
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing																				
<p>Expedited freight fees billed with each order: <input type="text"/></p> <p>Drop Ship service fee billed with each order: <input type="text"/></p> <p>Drop Ship miscellaneous fees billed: <input type="text"/></p> <p>Comments: <input type="text"/></p>	<p>Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt cut off time: <input type="text"/></p> <p>Days of week overnight is available:</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>Monday</td></tr> <tr><td><input type="checkbox"/></td><td>Tuesday</td></tr> <tr><td><input type="checkbox"/></td><td>Wednesday</td></tr> <tr><td><input type="checkbox"/></td><td>Thursday</td></tr> <tr><td><input type="checkbox"/></td><td>Friday</td></tr> </table> <p>Priority Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Saturday Overnight receipt available: <input type="checkbox"/></p> <p>PO Receipt Cut off time: <input type="text"/></p> <p>Order receipt method: <input type="text"/></p> <p>Phone: <input type="text"/> Phone #: <input type="text"/></p> <p>Fax: <input type="text"/> Fax #: <input type="text"/></p> <p>EDI: <input type="text"/></p> <p>Overnight Fees apply: <input type="checkbox"/></p> <p>Other fees apply: <input type="checkbox"/></p>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday										
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Class of Trade Restriction:	Return Instructions																				
<p>No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices <input type="checkbox"/></p> <p>Restricted to retail pharmacy only: <input type="checkbox"/></p> <p>Restricted to hospital, clinics, and physician offices only: <input type="checkbox"/></p> <p>Restricted from US territories? (explain in comments) <input type="checkbox"/></p> <p>Comments: <input type="text"/></p>	<p>Contact # if product is received damaged: <input type="text"/></p> <p>Is product returnable for credit: <input type="checkbox"/></p> <p>URL/Link to returns policy: <input type="text"/></p> <p>Special regulations or returns requirements for this product in certain states? <input type="checkbox"/></p> <p>If so, which states? Other requirements? Comments? <input type="text"/></p>																				
Other Data Information Required to Process PO:	ADDITIONAL INFORMATION																				
<p>Patient Procedure Date: <input type="text"/></p> <p>Physician Name: <input type="text"/></p> <p>Physician/Clinic Phone #: <input type="text"/></p> <p>Physician State License #: <input type="text"/></p> <p>Physician/Clinic DEA #: <input type="text"/></p> <p>Physician/Clinic Specialty: <input type="text"/></p>	<p>Is product order for scheduled patient procedure? <input type="checkbox"/></p> <p>Is product order for restocking purposes? <input type="checkbox"/></p>																				
Miscellaneous Notes:	<input type="text"/>																				