



Date: 08-19-2026

[illegible]



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 Pregabalin Capsules 75 mg	☐ No		
Does the product label bear a CA Prop 65 warning?	☐ No		
c. Contact Hazard?	☐ No		
d. Does this Pregabalin 75mg capsules are "Size 4" White body and orange cap, hard-gel (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)			
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)			
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:			
☐ 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#			
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:			
SDS Hazard Classification			
☐ Organic	☐ Corrosive		
☐ Inorganic	☐ Oxidizer		
# ☐ Steroid/Androgen	☐ 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			
4			
Is there a REMS on this product?		☐ No	
75 mg			
Website URL:			
Med Guide Required		☐ No	
Limited Distribution Requirement		☐ No	
Comments / Details: (For example, iPledge program?) White body and Orange cap, printed with black ink			
REMS Program Manager Name:		☐ No	
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	
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															
Purchase orders may be accepted by: <table border="0"><tr><td>a. EDI</td><td>☐</td><td>Yes</td></tr><tr><td>b. Autofax</td><td>☐</td><td></td></tr><tr><td>c. Fax</td><td>☐</td><td></td></tr><tr><td>d. Phone only</td><td>☐</td><td></td></tr><tr><td>e. Supplier Web Site on 82619-124-01</td><td>☐</td><td></td></tr></table> Minimum Order Quantity: Units Supplier's Customer Service Number: Contracted 3PL company / c Pregabalin 75n Name: Direct customer solutions (R & S) Phone: 1-800-655-7556	a. EDI	☐	Yes	b. Autofax	☐		c. Fax	☐		d. Phone only	☐		e. Supplier Web Site on 82619-124-01	☐		Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days 82619-124-01 3.826E+11 Ships for second day receipt: Ships regular ground for 3-10 days receipt:
a. EDI	☐	Yes														
b. Autofax	☐															
c. Fax	☐															
d. Phone only	☐															
e. Supplier Web Site on 82619-124-01	☐															
Expedited Freight Charges or Other Designated Drop Ship Fees:	Overnight and Priority Overnight PO Processing															
Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight receipt available: ☐ PO Receipt cut off time: Days of week overnight is available: <table border="0"><tr><td>☐</td><td>Monday</td></tr><tr><td>☐</td><td>Tuesday</td></tr><tr><td>☐</td><td>Wednesday</td></tr><tr><td>☐</td><td>Thursday</td></tr><tr><td>☐</td><td>Friday</td></tr></table> Priority Overnight receipt available: ☐ PO Receipt Cut off time: Saturday Overnight receipt available: ☐ PO Receipt Cut off time: Order receipt method: Phone: Phone #: Fax: Fax #: EDI: White body and Orange cap, printed with black Overnight Fees apply: Other fees apply:	☐	Monday	☐	Tuesday	☐	Wednesday	☐	Thursday	☐	Friday					
☐	Monday															
☐	Tuesday															
☐	Wednesday															
☐	Thursday															
☐	Friday															
Class of Trade Restriction:																
No restriction: Select YES if sold to retail pharmacy, hospitals, clinics and physician offices ☐ Restricted to retail pharmacy only: ☐ Restricted to hospital, clinics, and physician offices only: ☐ Restricted from US territories? (explain in comments) ☐ Comments:																
Other Data Information Required to Process PO:	Return Instructions															
Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Contact # if product is received damaged: Is product returnable for credit: ☐ URL/Link to returns policy: Special regulations or returns requirements for this product in certain states? ☐ If so, which states? Other requirements? Comments?															
Miscellaneous Notes:	ADDITIONAL INFORMATION															
	Is product order for scheduled patient procedure? ☐ Is product order for restocking purposes? ☐															