



Date: 09/22/2026

[illegible]



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

Version 2024

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? No (If yes, attach SDS with special instructions.) e. Does the product contain DEHP? No Is this product regulated for shipment by DOT? No (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? No (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#		SDS Hazard Classification <table><tr><td>☐ Organic</td><td>☐ Corrosive</td></tr><tr><td>☐ Inorganic</td><td>☐ Oxidizer</td></tr><tr><td>☐ Steroid/Androgen</td><td>☐ Contact Hazard</td></tr></table> Does the product have an Aerosol class? If yes, identify No NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? No If yes, indicate which:		☐ Organic	☐ Corrosive	☐ Inorganic	☐ Oxidizer	☐ Steroid/Androgen	☐ Contact Hazard										
☐ Organic	☐ Corrosive																		
☐ Inorganic	☐ Oxidizer																		
☐ Steroid/Androgen	☐ Contact Hazard																		
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: REMS Program Manager Name: Supplier Manages REMS registry exclusively: Wholesale distributor support: Provider Name: Site Enrollment Number assigned by Supplier: Phone: DEA #: NCPDP#: NPI #: Comments IT IS NOT A REMS PRODUCT Registry: Registry Program Contact Name: Comments IT IS NOT A REMS PRODUCT Phone:																			
ADD'L STORAGE INFORMATION Is the Product... <table><tr><td>Controlled Substance?</td><td> No </td><td>Controlled Substance Code</td><td> </td></tr><tr><td>Controlled by State(s)?</td><td> No </td><td>Listed Chemical (List I or II)</td><td> No </td></tr><tr><td>ARCOS Reportable?</td><td> No </td><td>If yes, indicate which:</td><td> </td></tr><tr><td>Schedule No.</td><td> </td><td>Is it a scheduled listed chemical product?:</td><td> No </td></tr></table>				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
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:																			

Release DATE



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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: a. EDI b. Autofax c. Fax d. Phone only e. Supplier Web Site only Minimum Order Quantity: Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Direct customer solutions (R & S) Phone: 1-800-655-7556	Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships same day for next day receipt: Ships for second day receipt: Ships regular ground for 3-10 days receipt:
Expedited Freight Charges or Other Designated Drop Ship Fees: Expedited freight fees billed with each order: Drop Ship service fee billed with each order: Drop Ship miscellaneous fees billed: Comments:	Overnight and Priority Overnight PO Processing Overnight receipt available: PO Receipt cut off time: Days of week overnight is available: Monday Tuesday Wednesday Thursday Friday 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: Overnight Fees apply: Other fees apply:
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: Patient Procedure Date: Physician Name: Physician/Clinic Phone #: Physician State License #: Physician/Clinic DEA #: Physician/Clinic Specialty:	Return Instructions 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?