



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? ☐ 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 ☐ Organic ☐ Corrosive ☐ Inorganic ☐ Oxidizer # ☐ Steroid/Androgen ☐ Contact Hazard Does the product have an Aerosol class? If yes, ☐ No identify NFPA Storage Level: NFPA Storage Level: Is the product a NIOSH hazardous drug? ☐ No If yes, indicate which:	
Hazardous Waste Identification EPA Hazardous Waste Code: Waste Characteristics			
REMS or REGISTRY RESTRICTIONS Is there a REMS on this product? ☐ No Website URL: Med Guide Required ☐ No Limited Distribution Requirement ☐ No Comments / Details: (For example, iPledge program?) REMS: REMS Program Manager Name: Phone: Supplier Manages REMS registry exclusively: ☐ No Wholesale distributor support: Provider Name: DEA #: Site Enrollment Number assigned by Supplier: NCPDP#: NPI #: Comments IT IS NOT A REMS PRODUCT Registry: 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. 5 Is it a scheduled listed chemical product?: ☐ Yes 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																				
Purchase orders may be accepted by: <table border="0"><tr><td>a. EDI</td><td>☐</td><td>Fax Number:</td><td> </td></tr><tr><td>b. Autofax</td><td>☐</td><td>Fax Number:</td><td> </td></tr><tr><td>c. Fax</td><td>☐</td><td>Pregabalin Caps</td><td> </td></tr><tr><td>d. Phone only</td><td>☐</td><td>Site Address:</td><td> </td></tr><tr><td>e. Supplier Web Site only</td><td>☐</td><td></td><td></td></tr></table> Minimum Order Quantity: Units Supplier's Customer Service Number: Contracted 3PL company / contact #: Name: Direct customer solutions (R & S) Phone: 1-800-655-7556	a. EDI	☐	Fax Number:		b. Autofax	☐	Fax Number:		c. Fax	☐	Pregabalin Caps		d. Phone only	☐	Site Address:		e. Supplier Web Site only	☐			Purchase order daily receipt cut off time by supplier Cut off time: Shipping lead time of PO: Hours Days Ships for second day receipt: Ships regular ground for 3-10 days receipt:
a. EDI	☐	Fax Number:																			
b. Autofax	☐	Fax Number:																			
c. Fax	☐	Pregabalin Caps																			
d. Phone only	☐	Site Address:																			
e. Supplier Web Site only	☐																				
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: 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?																				