

(Wholesaler's name)

## PRESCRIPTION (LEGEND) DRUG PEDIGREE History of Drug Sales and Distributions

		ntainer Size:	
Manufacturer:			
NDC:			
Lot Number:	Quantity:		
Lot Number:	Quantity:	Invoice Date:	
Lot Number:	Quantity:	wholesaler identified above)	
(repeat as necessary)		wholesaler identified above)	
Identification of Previous Owners:		Identification of location from which shipped: (if different)	
	AT PURCHASED FROM T		
	06 - AUTHORIZED DISTRI		
Name:		Name:	
Address:		Address:	
SU	UBSEQUENT WHOLESAL	E DISTRIBUTIONS (repeat as necessary):	
Sold to		Shipped to	
2. Name:			
Address:		Address:	
Date Purchased & Invoice #:		Date Received:	
Print Name of Recipient:		Print Name of Recipient:	
Signature of Recipient:			
Name of Authenticator:		Name of Authenticator:	
Email address:			
(to authenticate transaction)		(to authenticate transaction)	
Telephone number:		Telephone number:	
(to authenticate transaction)		(to authenticate transaction)	
Signature of Authenticator:		Signature of Authenticator:	
Sold to		Shipped to	
3. Name:		Name:	
Address:		Address:	
Date Purchased & Invoice #:		Date Received:	
Print Name of Recipient:		Print Name of Recipient:	
Signature of Recipient:			
Name of Authenticator:		Name of Authenticator:	
Email address:		_ " ''	
(to authenticate transaction)		(to authenticate transaction)	
Telephone number:		Telephone number:	
(to authenticate transaction)		(to authenticate transaction)	
Signature of Authenticator:		Signature of Authenticator:	
I swear or affirm that the	information contained on this	pedigree paper is accurate and complete.	
Signature (authorized to I	bind the company) Print	Name and Title Date	