

DH 2129 Prescription (Legend) Drug Pedigree Form – (Optional until July 1, 2006)

NOTE: If you use form DH 2129 prior to July 1, 2006, and are distributing a prescription drug that is on the specified list, #1 on the pedigree paper must begin with the wholesaler that purchased the drug from the manufacturer as required by s. 499.0121(6)(e), F.S.

*1. WHOLESALER THAT PURCHASED FROM THE MANUFACTURER
OR PRIOR TO 7/1/2006 - AUTHORIZED DISTRIBUTOR OF RECORD:*



(Wholesaler's name)

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

Legend Drug Name, Strength, Dosage Form, Container Size: _____

Manufacturer: _____

NDC: _____

Lot Number: _____ Quantity: _____

Lot Number: _____ Quantity: _____

Lot Number: _____ Quantity: _____

(repeat as necessary)

Invoice Number: _____

Invoice Date: _____

(from the sales invoice of the
wholesaler identified above)

Identification of Previous Owners:

Identification of location from which shipped:
(if different)

**1. WHOLESALER THAT PURCHASED FROM THE MANUFACTURER
OR PRIOR TO 7/1/2006 - AUTHORIZED DISTRIBUTOR OF RECORD:**

Name: _____

Address: _____

Name: _____

Address: _____

SUBSEQUENT WHOLESALE DISTRIBUTIONS (repeat as necessary):

Sold to

2. Name: _____

Address: _____

Shipped to

Name: _____

Address: _____

Date Purchased & Invoice #: _____

Print Name of Recipient: _____

Signature of Recipient: _____

Name of Authenticator: _____

Email address: _____

(to authenticate transaction)

Telephone number: _____

(to authenticate transaction)

Signature of Authenticator: _____

Date Received: _____

Print Name of Recipient: _____

Name of Authenticator: _____

Email address: _____

(to authenticate transaction)

Telephone number: _____

(to authenticate transaction)

Signature of Authenticator: _____

Sold to

3. Name: _____

Address: _____

Shipped to

Name: _____

Address: _____

Date Purchased & Invoice #: _____

Print Name of Recipient: _____

Signature of Recipient: _____

Name of Authenticator: _____

Email address: _____

(to authenticate transaction)

Telephone number: _____

(to authenticate transaction)

Signature of Authenticator: _____

Date Received: _____

Print Name of Recipient: _____

Name of Authenticator: _____

Email address: _____

(to authenticate transaction)

Telephone number: _____

(to authenticate transaction)

Signature of Authenticator: _____

I swear or affirm that the information contained on this pedigree paper is accurate and complete.

Signature (authorized to bind the company)

Print Name and Title

Date