

From: (650) 488-7434

BURBANK HEALTHCARE AND REHAB  
1041 SOUTH MAIN ST.

BURBANK, CA 91506



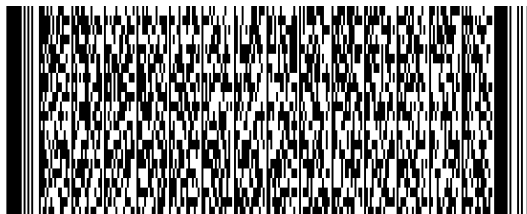
J13111382121426

SHIP TO: (650) 488-7434

**Santa Clara Valley Medical Center**

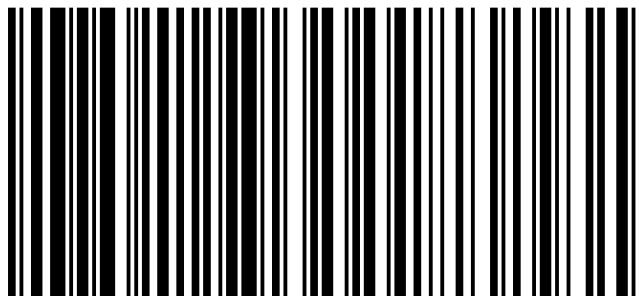
**976 Lenzen Ave Suite 1400**

**San Jose, CA 95126**



Ship Date: 03JUL13  
ActWgt: 2.0 LB  
CAD: 101365579/WSX12350

Invoice # BURBANK HEALTHCARE AND REHAB  
Reference # D522R262T1767P  
PO # JAMES MARTINEZ  
Dept #  
Ship ID



(9612019) 9714242 15047350

**GND**

**019**

1

Prepaid

of

1

# SIRUM Donation Instructions



1. Collect unopened, centrally stored drugs from Accepted Drug List



2. Write “donated” on destruction record & enter drugs



3. Remove HIPAA from drugs, place into box, add shipping label



4. Complete fields below. Fax this page & record to (888) 858-8172

**BURBANK HEALTHCARE AND REHAB**

**D522R262T1767P-971424215047350**

*Your Full Name* \_\_\_\_\_

*Date* \_\_\_\_\_ *# of Pages* (including this page) \_\_\_\_\_

*Pickup from:*

- ☐ Front Office
- ☐ Nursing Station
- ☐ DON Office

*Send me more:*

- ☐ Boxes
- ☐ Shipping Labels

*Other Location* \_\_\_\_\_

**You're done! No need to call for a pickup, we will take care of that.**  
**FedEx will come the next business day. Problems? Call (650) 488-7434**

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