

SIRUM**NEED HELP? CALL (650) 488-7434****Fax this sheet to (888) 858-8172****1. BY SIGNING BELOW, I attest that to the best of my knowledge the donated drug(s)**

A) have been properly stored, in accordance with the manufacturer's recommendations, and have never been opened, used, adulterated or misbranded AND

B) since originally dispensed, the donated drug(s) have been in the possession of a pharmacy, skilled nursing facility, intermediate care facility or trained staff.

2. PICKUP LOCATION

Front Office Nursing Station DON Office Other _____

NAME Sandy Anderson TITLE Pharmacist CELL # (optional) (503) 944-4465

SIGNATURE [Signature] DATE 8/22/15 TOTAL # OF PAGES _____

Peel Label HERE →

From:

Central City Concern Pharmas
727 W Burnside StPortland, OR 97209
(650) 488-7434Ship Date: 19AUG15
ActWgt: 2.00 LB
CAD: 101365579MWSX02350

TO

Providence Charitable Pharmacy

29345 Sw Town Center Loop E, Suite

Wilsonville, OR 97070

(US)

(650) 488-7434

FedEx
GroundRef: D719R777T5907P
INV: Central City Concern Pharmas
PO: Sandy Anderson

Dept:

CIRCLE SUPPLIES NEEDED (optional)

Shipping Labels

Boxes

Padded envelopes

Packing tape

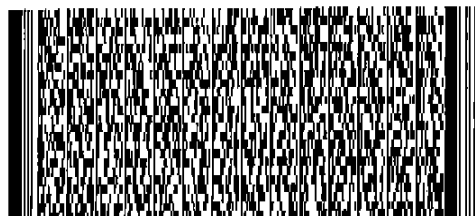
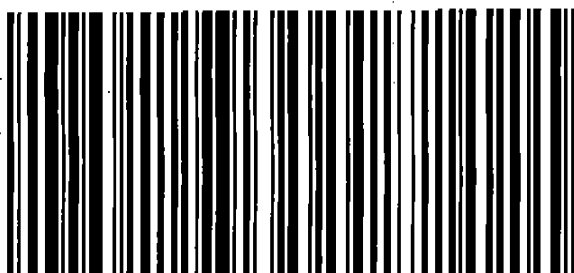
Sharpies

**THANK YOU! FEDEX WILL COME
THE NEXT BUSINESS DAY**

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Central City Concern Pharmacy
727 W Burnside St, Portland, OR 97209Providence Charitable Pharmacy
29345 Sw Town Center Loop E, Suite 111,
Wilsonville, OR 97070

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