

From: (650) 488-7434

Olive Vista
2335 S Towne Avenue

Pomona, CA 91766



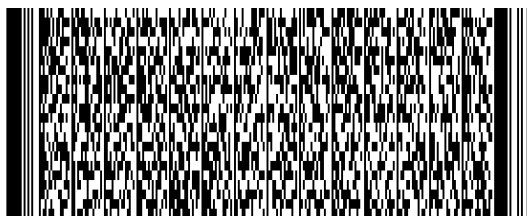
J13111382121426

SHIP TO: (650) 488-7434

Santa Clara Valley Medical Center

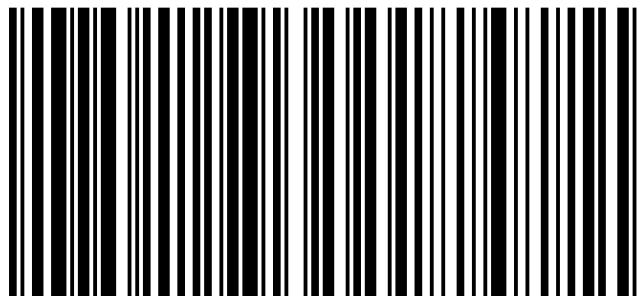
976 Lenzen Ave Suite 1400

San Jose, CA 95126



Ship Date: 26JUL13
ActWgt: 2.0 LB
CAD: 101365579/WSX12350

Invoice # Olive Vista
Reference # D338R262T1845P
PO # Marikit D. Veloso
Dept #
Ship ID



(9612019) 9714242 15048104

GND

019

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Prepaid

of

1

SIRUM Fax Form Instructions



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



2. Enter drugs into your destruction record & SIRUM fax form



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



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

Olive Vista

D338R262T1845P-971424215048104

Your Full Name _____

Date _____ *# of Pages* (including this page) _____

Pickup from:

Send me more:

☐ Front Office

☐ Boxes

☐ Nursing Station

☐ Shipping Labels

☐ DON Office

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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