

From: (650) 488-7434

BURBANK HEALTHCARE AND REHAB
1041 SOUTH MAIN ST.

BURBANK, CA 91506



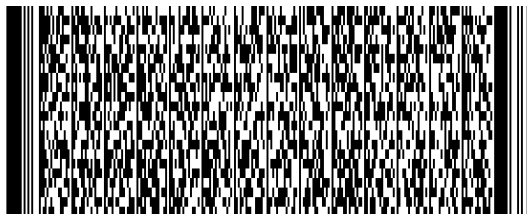
J13111382121426

SHIP TO: (650) 488-7434

Santa Clara Valley Medical Center

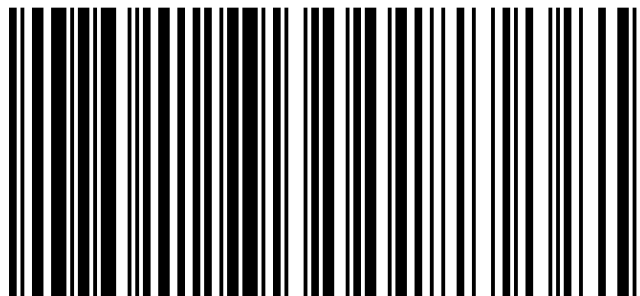
976 Lenzen Ave Suite 1400

San Jose, CA 95126



Ship Date: 18JUN13
ActWgt: 2.0 LB
CAD: 101365579/WSX12350

Invoice # BURBANK HEALTHCARE AND REHAB
Reference # D522R262T1719P
PO # JAMES MARTINEZ
Dept #
Ship ID



(9612019) 9714242 15046872

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

D522R262T1719P-971424215046872

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

CONFIDENTIALITY NOTICE. The documents accompanying this fax may contain confidential patient health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing information to any other party unless required or allowed to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited by law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.