



DO NOT PAY - Fees will be deducted from actual credits received

Date: 9/23/2025

Reference #: **3R94Q**

- Refer to this number when recording any credits or checks received

Customer #: 7168

Phone: 718-292-0900

Wholesaler:

Boom Pharmacy

Contact: David Phu

Kinray-Cardinal Dist.

226 E. 144 St., 2nd Floor

DEA #: FE3122809

152-35 10th Ave.

Bronx, NY 10451

Whitestone, NY 11357

SUMMARY DETAIL

Account Number: 2052031661

RETURNABLE PRODUCTS

To be credited by Return Solutions	\$	1,677.20
To be credited by manufacturer	\$	446.32
Credited by RSI upon receipt of credit from manufacturer (add'l fees may apply)	\$	926.09
Total Value of Returnable Products	\$	3,049.61

NEEDS REVIEW PRODUCTS

Manufacturer does not accept partials	\$	12.39
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Total Value of Non-Returnable Products \$ 12.39

Total Value of All Products \$ 3,062.00

Base service rate: 13.4%. You elected to have your check issued within 30 days from the above date. These terms apply only to product which meets our Pedigree Policy standards. Those products which do not will be processed under our Pay-On-Receipt (POR) program. See below for more details. Fees will be deducted from payment made by Return Solutions to Customer.

Total number of items processed: **216**

Returnable items: 215

Non-returnable pending further review: 1

Return Solutions (RSI) shall issue a check to Customer based on the program selected and within the time-frame stated above. Credit included in the check shall be for certain manufacturers that allow for the consolidation of pharmaceutical returns. In the event a manufacturer does not allow this process, such manufacturer may issue credit directly to Customer or through its wholesaler. In either of these events, RSI may deduct its fee for processing such returns from check issued to Customer by RSI.

Pedigree Policy: RSI shall not be liable for the value of, and cannot guarantee credit for products that were purchased outside of "normal pharmaceutical distribution channels". This includes products that were not purchased directly by Customer from a particular manufacturer or directly by Customer from an approved **primary** wholesaler/distributor of said manufacturer. This also includes products that were purchased outside of the United States, counterfeit items, and any product purchased by Customer on a non-returnable basis, including short-dated product purchased at a discounted price. Our complete Pedigree Policy is available at www.drugreturns.com.

Products not meeting this Pedigree Policy standard, will be processed under our POR program. These returns shall be credited to customer only upon receipt of credit by RSI from manufacturer. Additional fees may apply to any return processed under this program.



Manufacturer Credit Summary Report

Credit Tracking Sheet

IMPORTANT - Most credit will come as a single check from Return Solutions. A few manufacturers choose to issue credit directly, so be certain to open all mail received over the next few months. RECORD THE AMOUNT OF YOUR CREDITS OR CHECKS ON THIS SHEET. Place all credit memos and check stubs in the RSI Folder. Check your monthly wholesaler statements for credits issued to your account.

Customer Info: 7168

Phone #: 718-292-0900

Most credit memos will have our reference number listed. Use the number below when identifying or recording these credits.

Boom Pharmacy
226 E. 144 St., 2nd Floor
Bronx, NY 10451

Contact: David Phu

Reference #: 3R94Q

These companies will be credited by Return Solutions under our OneCheck Select Program.

Manufacturer	Credit Estimate	Manufacturer	Credit Estimate	Manufacturer	Credit Estimate
AMNEAL PHARMA	\$84.17	MYLAN	\$79.98	SUN PHARMA	\$40.82
AVET PHARMA	\$8.40	NORDIC PHARMA (Amring)	\$37.07	TEVA - GENERIC	\$244.47
GLENMARK PHARMA	\$171.60	NOVADOZ	\$137.90	WESTMINSTER PHARMA	\$8.77
LAURUS LABS	\$60.16	PAR PHARMA	\$82.49		
LIFESTAR PHARMA	\$7.30	PFIZER	\$714.07		
Total Estimate (Manufacturer)	\$1,677.20				

Credit for these returns will be issued directly by the manufacturer.

Manufacturer	Credit Estimate	Amount Received	Date Received	Type Of Credit - i.e. Check, Wholesaler Credit
AJANTA PHARMA	\$26.26			
AUROBINDO PHARMA	\$7.64			
CAMBER PHARMA	\$28.50			
ENCUBE ETHICALS	\$172.82			
LEADING PHARMA	\$23.17			
MACLEODS PHARMA U.S.A.	\$160.97			
STRIDES PHARMA	\$26.96			
Total Estimate (Manufacturer)	\$446.32			

Credited by RSI upon receipt of credit from manufacturer. An additional fee may apply.

Manufacturer	Credit Estimate	Amount Received	Date Received	Type Of Credit - i.e. Check, Wholesaler Credit
ACCORD HEALTHCARE	\$4.62			
ASCEND LABS	\$136.37			
RISING PHARMA	\$21.48			
SUN PHARMA	\$7.26			
WESTMINSTER PHARMA	\$756.36			
Total Estimate (Credited By RSI)	\$926.09			
Total Estimate	\$3,049.61			



**Returnable Products
Report**

Processed By:
Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, TN 37932
Phone #: 800-579-4804
DEA #: RP0216223

This is a summary of your returnable merchandise grouped by manufacturer.
Refer to the reference number listed below to identify credits received from this return.

Reference Number: 3R94Q

Date Of Service: 09/23/2025

Customer Info: Boom Pharmacy
ID #: 7168 226 E. 144 St., 2nd Floor
Bronx, NY 10451

Contact: David Phu
Phone #: 718-292-0900

Wholesaler:
Kinray-Cardinal Dist.
Whitestone, NY 11357

ACCORD HEALTHCARE (Credited by RSI upon receipt of credit from manufacturer)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
16729009712	1	0	60	1	Quetiapine 400mg ER Tablet	RX	M2114938	09/24	X	\$4.62

Total Value For ACCORD HEALTHCARE: \$4.62

AJANTA PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
27241017356	1	0	56	1	Varenicline .5mg Tablets	RX	PA168432	11/25	X	\$26.26

Total Value For AJANTA PHARMA: \$26.26

AMNEAL PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
60219174802	1	0	2	1	Atropine Sulfate 1% Ophthalmic Solution	RX	AP230338	11/24	X	\$8.57
69238154001	5	0	100	1	Ursodiol 300mg Capsule	RX	AM240042	12/25	X	\$75.60

Total Value For AMNEAL PHARMA: \$84.17

ASCEND LABS (Credited by RSI upon receipt of credit from manufacturer)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
67877043503	48	0	30	1	Aripiprazole 30mg Tablet	RX	22145015	10/25	X	\$136.37

Total Value For ASCEND LABS: \$136.37

AUROBINDO PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
65862068730	1	0	30	1	Ritonavir 100mg Tablet	RX	TJSA23010A	07/25	X	\$7.64

Total Value For AUROBINDO PHARMA: \$7.64

AVET PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
23155088001	2	0	100	1	Lisinopril 30mg Tablets	RX	03923006A	10/25	X	\$1.40
23155088001	10	0	100	1	Lisinopril 30mg Tablets	RX	03923006A	10/25	X	\$7.00

Total Value For AVET PHARMA: \$8.40

CAMBER PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
31722077605	3	0	500	1	Sildenafil 20mg Tablet	RX	SID23074	09/25	X	\$28.50

Total Value For CAMBER PHARMA: \$28.50

ENCUBE ETHICALS

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
21922001706	12	0	45	1	Clobetasol 0.05% Ointment	RX	3BL99	11/25	X	\$172.82

Total Value For ENCUBE ETHICALS: \$172.82



**Returnable Products
Report**

Processed By:
Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, TN 37932
Phone #: 800-579-4804
DEA #: RP0216223

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Refer to the reference number listed below to identify credits received from this return.

Reference Number: 3R94Q

Date Of Service: 09/23/2025

Customer Info: Boom Pharmacy
ID #: 7168 226 E. 144 St., 2nd Floor
Bronx, NY 10451

Contact: David Phu
Phone #: 718-292-0900

Wholesaler:
Kinray-Cardinal Dist.
Whitestone, NY 11357

GLENMARK PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
68462028169	2	0	5	1	Brim Tart//Tim Mal Opht .2%/ .5% Solution	RX	24002	09/25	X	\$5.32
68462087905	8	0	500	1	Bisoprolol Fumarate/HCTZ 5mg/6.25mg Tablet	RX	17240212	01/26	X	\$166.28
Total Value For GLENMARK PHARMA:										\$171.60

LAURUS LABS

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
42385097801	12	0	100	1	Metformin HCL ER 750mg Tablets	RX	23214211	10/25	X	\$60.16
Total Value For LAURUS LABS:										\$60.16

LEADING PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
69315028209	1	0	90	1	Fenofibric Acid DR 135mg Capsule	RX	FAB223003C	12/24	X	\$23.17
Total Value For LEADING PHARMA:										\$23.17

LIFESTAR PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
70756024751	1	0	500	1	Atorvastatin Calcium 10mg Tablets	RX	7JX002	01/26	X	\$2.43
70756024751	2	0	500	1	Atorvastatin Calcium 10mg Tablets	RX	7JX002	01/26	X	\$4.87
Total Value For LIFESTAR PHARMA:										\$7.30

MACLEODS PHARMA U.S.A.

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
33342011507	12	0	30	1	Candesartan 8mg Tablet	RX	RCJ2316A	10/25	X	\$155.58
33342012507	1	0	30	1	Aripiprazole 15mg Tablet	RX	BAC42102B	09/25	X	\$5.39
Total Value For MACLEODS PHARMA U.S.A.:										\$160.97

MYLAN

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
00378705567	1	0	10	1	Bepotastine Besilate 1.5% Ophthalmic Solution	RX	BFHH0006	06/25	X	\$79.98
Total Value For MYLAN:										\$79.98

NORDIC PHARMA (Amring)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
69918056030	1	0	30	1	Mesalamine 1000mg Rectal Supp	RX	221661A	01/25	X	\$37.07
Total Value For NORDIC PHARMA (Amring):										\$37.07

NOVADOZ

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
72205000399	1	0	1000	1	Rosuvastatin 10mg Tablet	RX	DRD02189A	01/26	X	\$32.06



**Returnable Products
Report**

Processed By:
Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, TN 37932
Phone #: 800-579-4804
DEA #: RP0216223

This is a summary of your returnable merchandise grouped by manufacturer.
Refer to the reference number listed below to identify credits received from this return.

Reference Number: 3R94Q

Date Of Service: 09/23/2025

Customer Info:	Boom Pharmacy ID #: 7168 226 E. 144 St., 2nd Floor Bronx, NY 10451	Contact:	David Phu Phone #: 718-292-0900	Wholesaler:	Kinray-Cardinal Dist. Whitestone, NY 11357
72205002799	2 0 1000 1 Rosuvastatin 5mg Tablet	RX	DRD02320A	01/26 X	\$105.84
Total Value For NOVADOZ:					\$137.90

PAR PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
49884036609	2	0	90	1	Ibuprofen/Famotidine 800mg/26.6mg Tablets	RX	18208201	01/26 X		\$82.49
Total Value For PAR PHARMA:										\$82.49

PFIZER

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
55724021121	1	0	60	1	Eucrisa 2% Topical Ointment	RX	TNCW1	11/25 X		\$714.07
Total Value For PFIZER:										\$714.07

RISING PHARMA (Credited by RSI upon receipt of credit from manufacturer)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
16571010901	1	0	100	1	Amitriptyline Hcl 100mg Tablets	RX	AIE123008D	05/25 X		\$7.16
16571010901	1	0	100	1	Amitriptyline Hcl 100mg Tablets	RX	AIE123008D	05/25 X		\$7.16
16571010901	1	0	100	1	Amitriptyline Hcl 100mg Tablets	RX	AIE123008D	05/25 X		\$7.16
Total Value For RISING PHARMA:										\$21.48

STRIDES PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
64380078507	1	0	500	1	Prednisone 20mg Tablet	RX	7253206A	09/24 X		\$26.96
Total Value For STRIDES PHARMA:										\$26.96

SUN PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
47335068583	24	0	30	1	Lurasidone Hcl 80mg Tablets	RX	DNE1391A	11/25 X		\$40.82
Total Value For SUN PHARMA:										\$40.82

SUN PHARMA (Credited by RSI upon receipt of credit from manufacturer)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
51672407908	1	0	118	1	Desonide 0.05% Topical Lotion	RX	AC85021	09/24 X		\$7.26
Total Value For SUN PHARMA:										\$7.26

TEVA - GENERIC

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
00093735201	3	0	100	1	Calcitriol 0.25mcg Capsule	RX	154550	11/25 X		\$34.14
45963014205	3	0	500	1	Bupropion 300mg ER (XL) Tablet	RX	CM3D01A	11/25 X		\$210.33
Total Value For TEVA - GENERIC:										\$244.47



Returnable Products Report

Processed By:
Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, TN 37932
Phone #: 800-579-4804
DEA #: RP0216223

This is a summary of your returnable merchandise grouped by manufacturer.
Refer to the reference number listed below to identify credits received from this return.

Reference Number: 3R94Q**Date Of Service: 09/23/2025**

Customer Info: Boom Pharmacy
ID #: 7168 226 E. 144 St., 2nd Floor
Bronx, NY 10451

Contact: David Phu
Phone #: 718-292-0900

Wholesaler:
Kinray-Cardinal Dist.
Whitestone, NY 11357

WESTMINSTER PHARMA

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
69367030730	1	0	30	1	Eplerenone 25mg Tablets	RX	L230297	02/26	X	\$8.77
Total Value For WESTMINSTER PHARMA:										\$8.77

WESTMINSTER PHARMA (Credited by RSI upon receipt of credit from manufacturer)

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Lot Number	Expires	Code	Value
69367019050	24	0	5	1	Zoledronic Acid 4mg/5ml Injection	RX	35000383	10/25	X	\$378.18
69367019050	24	0	5	1	Zoledronic Acid 4mg/5ml Injection	RX	35000383	10/25	X	\$378.18
Total Value For WESTMINSTER PHARMA:										\$756.36
Total Value For Return:										\$3,049.61



This report is a summary of all controlled substances removed from the inventory of this facility on the date listed. These products are to be returned to their respective manufacturer for credit or destroyed by Return Solutions. The other reports corresponding to this service detail the disposition of these products.

PROCESSED BY:	Return Solutions, Inc. 10635 Dutchtown Road Knoxville, TN 37932	PRODUCT REMOVED FROM:	7168 Boom Pharmacy 226 E. 144 St., 2nd Floor Bronx, NY 10451	Phone #:	718-292-0900 Contact: David Phu DEA #:	FE3122809
DEA #:	RP0216223	Date:	9/23/2025	DEBIT MEMO #:	3R94Q	

NDC	FULL	PARTIAL	PKG	CASE	PRODUCT NAME	DEA
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**NEEDS REVIEW
REPORT**

Processed By:
Return Solutions, Inc.
10635 Dutchtown Road
Knoxville, TN 37932
Phone #: 800-579-4804
DEA #: RP0216223

This is a summary of products which require further research to determine their credit-worthiness. In the event these products are deemed to be non-returnable, the probable reason for such determination is listed. A final evaluation and judgement regarding this will be made at Return Solutions.

Reference Number: 3R94Q

Date of service: 09/23/2025

Customer Info: Boom Pharmacy
ID #: 7168 226 E. 144 St., 2nd Floor
 Bronx, NY 10451

Contact: David Phu
Phone #: 718-292-0900
DEA #: FE3122809

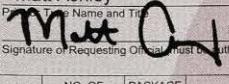
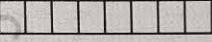
Manufacturer does not accept partials

NDC/List #	Full	Partial	Pkg Sz	Case Sz	Product Description	DEA	Manufacturer	Expires	Value
47335057983	0	23	30	1	Lurasidone HCL 120mg Tablet	RX	SUN PHARMA	10/25	\$12.39
NeedsReview (Manufacturer does not accept partials) Value:									\$12.39
Total Value For Return:									\$12.39

Instructions for DEA 222 forms issued by Return Solutions (RSI)

1. New 222 forms are only a single page instead of triplicate forms.
2. RSI's representative will print a form(s) while at your store. Keep this copy for your records. Our representative will scan the form(s) and email them to RSI for our records.
3. TO COMPLETE THE FORM:
 - A. Confirm your pharmacy information at the top-right section of the form. If incorrect, please call and let us know. We will correct and re-issue the form(s).
 - B. On your form, enter the number of bottles or units that are being shipped under the "NUMBER SHIPPED" column.
 - a. This number is the same as the number listed in the column "NO. OF PACKAGES" on the left-hand side of the form.
 - b. **If you remove any packages from the box, reflect this by entering the total # of packages being shipped.**
 - i. **Example 1: If you remove the entire quantity of a particular product from the box, Packages Shipped would equal "0".**
 - ii. **Example 2: If you remove 10 tablets from a bottle containing 80 tablets, Packages Shipped would equal "1 x 70".**
 - C. Enter the date the packages were picked up from your pharmacy under the "DATE SHIPPED" column.
4. Once completed, email a copy of the form to **dea.orderforms@usdoj.gov**

Thank you for choosing Return Solutions as your returns company!

PURCHASER INFORMATION RETURN SOLUTIONS 10635 DUTCHTOWN ROAD KNOXVILLE, TN 37932-3206			REGISTRATION INFORMATION REGISTRATION #: RP0216223 REGISTERED AS: REVERSE DISTRIB SCHEDULES: 2,2N,3,3N,4,5, ORDER FORM NUMBER: 194012199 DATE ISSUED: 12/31/2019 ORDER FORM 3 of 3			SUPPLIER DEA NUMBER:# A A 7 7 5 5 5 5																																																																																																																																																																							
PART 1: TO BE FILLED IN BY PURCHASER Matt Ashley  By Power Of Attorney Signature or Requesting Officer (must be authorized to sign order form)			PART 2: TO BE FILLED IN BY PURCHASER 22 Local Pharmacy BUSINESS NAME 10635 Kingston Pike STREET ADDRESS Knoxville, TN 37919 CITY, STATE, ZIP CODE			PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier (name in part 2) if order is endorsed to another supplier to fill ALTERNATE DEA # 																																																																																																																																																																							
PART 4: TO BE FILLED IN BY SUPPLIER NAME OF ITEM <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>ITEM</th> <th>NO. OF PACKAGES</th> <th>PACKAGE SIZE</th> <th>NAME OF ITEM</th> <th>NUMBER RECD</th> <th>DATE RECD</th> <th>NUMBER SHIPPED</th> <th>DATE SHIPPED</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td><td>40</td><td>Adderall XR 10mg Cap</td><td></td><td></td><td>5 4 0 9 2 0 3 8 3 0 1</td><td></td></tr> <tr><td>2</td><td>1</td><td>1</td><td>Amphetamine Salts 30mg Tablet</td><td></td><td></td><td>0 0 1 8 5 0 8 6 4 0 1</td><td></td></tr> <tr><td>3</td><td>1</td><td>5</td><td>Fentanyl 25mcg/hr Patch</td><td></td><td></td><td>0 0 4 0 6 9 0 2 5 7 6</td><td></td></tr> <tr><td>4</td><td>1</td><td>39</td><td>Focalin XR 30mg Cap</td><td></td><td></td><td>0 0 0 7 8 0 4 3 3 0 5</td><td></td></tr> <tr><td>5</td><td>1</td><td>7</td><td>Hydrocodone/APAP 5mg-325mg Tab</td><td></td><td></td><td>5 7 6 4 0 1 2 6 8 8</td><td></td></tr> <tr><td>6</td><td>1</td><td>1</td><td>Hydrocodone/APAP 7.5-325mg Tab</td><td></td><td></td><td>4 2 8 5 8 0 2 0 2 0 1</td><td></td></tr> <tr><td>7</td><td>1</td><td>50ml</td><td>Hydrocodone/CPM ER Suspension</td><td></td><td></td><td>6 2 1 7 5 0 4 9 0 6 4</td><td></td></tr> <tr><td>8</td><td>1</td><td>340ml</td><td>Methadone 5mg/5ml Soln</td><td></td><td></td><td>0 0 0 5 4 3 5 5 5 6 3</td><td></td></tr> <tr><td>9</td><td>1</td><td>40</td><td>Methylphenidate 10mg Tablet</td><td></td><td></td><td>1 0 7 0 2 0 1 0 1 0 1</td><td></td></tr> <tr><td>10</td><td>1</td><td>100</td><td>Methylphenidate 30mg ER Cap</td><td></td><td></td><td>0 0 0 9 3 3 2 3 1 0 1</td><td></td></tr> <tr><td>11</td><td>1</td><td>7.85</td><td>Methylphenidate HCl (mg)</td><td></td><td></td><td>G 1 7 2 4 0 2 0 0 * *</td><td></td></tr> <tr><td>12</td><td>1</td><td>10</td><td>Oxycodone 30mg Tablet</td><td></td><td></td><td>3 1 7 2 2 0 9 1 8 0 1</td><td></td></tr> <tr><td>13</td><td>2</td><td>100</td><td>Oxycodone 5mg Tablet</td><td></td><td></td><td>0 0 6 0 3 4 9 9 0 2 1</td><td></td></tr> <tr><td>14</td><td>1</td><td>13</td><td>OxyContin 40mg ER Tablet</td><td></td><td></td><td>5 9 0 1 1 0 4 4 0 2 0</td><td></td></tr> <tr><td>15</td><td>4</td><td>2ml</td><td>Sufentanil 50mcg/ml for Inj</td><td></td><td></td><td>0 0 6 4 1 1 1 4 2 3 3</td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER RECD	DATE RECD	NUMBER SHIPPED	DATE SHIPPED	1	1	40	Adderall XR 10mg Cap			5 4 0 9 2 0 3 8 3 0 1		2	1	1	Amphetamine Salts 30mg Tablet			0 0 1 8 5 0 8 6 4 0 1		3	1	5	Fentanyl 25mcg/hr Patch			0 0 4 0 6 9 0 2 5 7 6		4	1	39	Focalin XR 30mg Cap			0 0 0 7 8 0 4 3 3 0 5		5	1	7	Hydrocodone/APAP 5mg-325mg Tab			5 7 6 4 0 1 2 6 8 8		6	1	1	Hydrocodone/APAP 7.5-325mg Tab			4 2 8 5 8 0 2 0 2 0 1		7	1	50ml	Hydrocodone/CPM ER Suspension			6 2 1 7 5 0 4 9 0 6 4		8	1	340ml	Methadone 5mg/5ml Soln			0 0 0 5 4 3 5 5 5 6 3		9	1	40	Methylphenidate 10mg Tablet			1 0 7 0 2 0 1 0 1 0 1		10	1	100	Methylphenidate 30mg ER Cap			0 0 0 9 3 3 2 3 1 0 1		11	1	7.85	Methylphenidate HCl (mg)			G 1 7 2 4 0 2 0 0 * *		12	1	10	Oxycodone 30mg Tablet			3 1 7 2 2 0 9 1 8 0 1		13	2	100	Oxycodone 5mg Tablet			0 0 6 0 3 4 9 9 0 2 1		14	1	13	OxyContin 40mg ER Tablet			5 9 0 1 1 0 4 4 0 2 0		15	4	2ml	Sufentanil 50mcg/ml for Inj			0 0 6 4 1 1 1 4 2 3 3		16								17								18								19								20								Signature- by first supplier OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE		
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Please keep this copy of our
DEA license for your records.

We appreciate your business!!

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE		
DRUG ENFORCEMENT ADMINISTRATION		
WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0216223	04-30-2026	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB-COLLECTOR	03-04-2025
RETURN SOLUTIONS 10635 DUTCHTOWN ROAD KNOXVILLE, TN 379323206		Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.		



Return Solutions
[go with what works]™

Customer Reference Request

Reference Number 3R94Q

Customer Account 7168

Fax to 865.940.0312

Date of Service: 9/23/2025

Service Representative: Elijah Bailey

Thank you for your business! We hope you were delighted with your on-site service today. We strive to provide the most exceptional service in the industry, and if you feel we achieved that goal, we would appreciate it if you could recommend us to a friend. Please fill out the form below and return to us via fax at 865.940.0312 if you have someone in mind for us to contact:

Your name: _____

Your friends' name: _____

Their pharmacy name: _____

Their phone number: _____

Their email: _____

If your friend completes a return with us, you receive the 30-for-90 promotion on your next return!

It is our mission to please each customer, and your thoughts on our process are greatly appreciated. Please share any additional comments in the space below.

Thank you for your time and input. Please feel free to contact us Monday–Friday, 9 AM to 5 PM.



Our customer service department is open Monday-Friday from 9 am to 5 pm eastern time. If you have any questions regarding your credits or our service, please call us at 800-579-4804 and we'll be happy to assist you.

Manage your account online!

Go to www.drugreturns.com Username: 7168eve / Password: Boompharmacy1

Your returns were processed under our exclusive OneCheck® Select program. Here's how it works.

We have eliminated the need for tracking numerous credits. Your credit will come from Return Solutions in a single check issued to your pharmacy. We process 75-80% of manufacturers under this program. The remaining 20-25% of credits will be issued by the manufacturer as a check or credit through your wholesaler.

- You pay nothing to Return Solutions up-front.
- You will receive your check from Return Solutions within the time-frame you selected: 30, 60, or 90 days.
- Your fee will be deducted from the check.
- The check will include an itemized list of what manufacturer credits are included.
- Any fee due from manufacturers that issue credit directly will be deducted from the check.

Example of how the program works:

- Service Date: 1/1/2010
- You elected to have your credit issued within 30 days, and the RSI fee is 20%. (used for demonstration purposes only)
- We process \$10,000 of product for you that is returnable for credit
 - \$9,000 of this will come in a check directly from RSI.
 - \$1,000 of this will come from manufacturers who issue credit themselves - either as a check or credit through the wholesaler.
- We issue a check to you on 1/25/2010 for \$7,000. It is calculated as follows:
 - \$9,000 in credit issued by Return Solutions, less our fee of 20% = \$7,200
 - 20% fee for the \$1,000 credit issued by manufacturers directly = $\frac{-\$200}{\$7,000}$
- You are issued an additional credit of \$1,000 directly from manufacturers, bringing your total NET reimbursement to \$8,000.

- Record the value of checks or credits on the Manufacturer Credit Summary.
- Place all credit memos and check stubs in this folder

Explanation of merchandise not sent back for credit

- Non-Returnable: This is merchandise that does not meet the requirements of the manufacturer's return policy or is marketed by a company that does not accept returns. Return Solutions will incinerate this merchandise for you free of charge up to 75 pounds per service.
- Contact wholesaler / supplier for credit: This is merchandise that can not be returned directly to the manufacturer by Return Solutions, your pharmacy, or any other returns company. We have sorted through this merchandise for you free of charge. These products are in full, sealed containers and your wholesaler (or the supplier of the products) should be contacted for credit.
- Hold for next return: This merchandise is expired, returnable product. However, the value of the merchandise is not enough to justify sending back or the products do not meet the minimum quantity requirements of the manufacturer. Hold this merchandise and we will combine it with your next return. Furthermore, place products as they expire in this box to ensure credit at your next visit.
- Indates: This merchandise is too far in-date to return at this time. Place product back on shelves and try to sell before it expires. If not, place it in the box marked "Hold for next return" and we will return these products at our next visit.