

ScriptPro® Drug Information Form

COMPLETE THIS FORM TO ADD OR ADJUST PRODUCTS IN DATABASE

Pharmacy Name (as it appears on DEA license): _____ Completed By _____ Date: ____/____/____

Email Address: _____

This section must be completed for transfer of Schedule III-V medication samples.

Address: _____

DEA License number: _____ Sample Quantity: _____ Medication Schedule: III IV V

- Status: **New** - Drug record or image is not present.
 Correction - Drug record information has an error.
 Improvement - Drug image present is correct, but a change would improve the appearance.
 Different Appearance - Drug in bottle is different than the drug image present.

Comment: _____

Please check one of the following:

NDC DIN HRI OTC/Dietary Supplement Pharmacy Specific Drug

Please provide detailed drug information below and on attached sheet:

NDC/DIN: _____ (exactly as it appears on bottle)

Stock Bottle Bar Code/UPC: _____ (10 digits as on bottle)

Brand Name (*only if branded*): _____

Generic Name: _____

Distributor: _____ Strength/Unit _____ (ex. 300/100 mg)

Dose Form: _____ (specify if EC/ER) Stock Bottle Size: _____

Units/12 Dram: _____ (Kerr 12/OB 13 dram 90% full) Package insert included: YES NO

For Internal Use Only. Complete this section only if no sample is enclosed.

Color: _____ Color Pattern: _____ Shape: _____

Scoring: _____ Markings: _____

**Please return this form
in a padded envelope**

See next page for complete instructions on submitting samples of controlled medications.

DO NOT SEND SAMPLES OF C-II MEDICATIONS WITHOUT DEA-222 FORM

Please enclose 2 product samples and package insert (if available).

ScriptPro® Drug Information Form
Procedure For Transfer of Controlled Medication

Schedule III-V:

The following information must be completed on the Drug Information Form:

- Complete pharmacy name and address (as it appears on DEA license)*
- DEA license number*
- Quantity of samples enclosed*

Schedule II:

Transfer of medications in this class requires completion of a DEA-222 form. Pharmacists may contact Jennifer Dujakovich, RPh at ScriptPro, (913) 403-5203, to begin this process. ScriptPro will initiate the 222 form and mail it to the transferring pharmacy. Transferring pharmacy will follow procedures for processing form and send sample(s) to ScriptPro.