



**SteriPak C-III, C-IV, C-V Controlled Substance Disposal Application
Controlled Substance Return Authorization**

APPLICANT INFORMATION – ENTER ALL INFORMATION AS IT APPEARS ON YOUR CURRENT DEA REGISTRATION

DEA #: _____ DEA EXPIRATION DATE: _____
 REGISTRANT NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE #: _____ FAX #: _____
 EMAIL: _____ REASON FOR RETURN: _____

C-III, C-IV, C-V PRODUCT INFORMATION – SEE INSTRUCTIONS ON THE BACK OF THIS FORM

FULL PKG QUANTITY	PARTIAL PKG COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC Number)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

CREDIT CARD INFORMATION – ENTER ALL INFORMATION AS IT APPEARS ON YOUR CREDIT CARD

CARD HOLDER NAME: _____
 BILLING ADDRESS: _____
 CARD TYPE (CIRCLE ONE): Master Card Visa Discover American Express
 ACCOUNT NUMBER: _____ EXP DATE: _____
 CARD HOLDER SIGNATURE: _____ CHARGE AMT: _____

C-III, C-IV, C-V APPLICATION INSTRUCTIONS

1. CALCULATE PAYMENT DUE USING THE PRICING CHART ON THE BACK OF THIS FORM.
2. COMPLETE CREDIT CARD INFORMATION OR MAKE CHECK/MONEY ORDER PAYABLE TO STERICYCLE.
3. MAIL YOUR PAYMENT, A COPY OF CURRENT DEA REGISTRATION AND THIS COMPLETED FORM TO:

**STERICYCLE, INC.
 ATTENTION: STERIPAK ACCOUNTING
 6026 Lakeside Blvd.
 Indianapolis, Indiana 46278**

YOU WILL RECEIVE RETURN AUTHORIZATION FOR RETURNING YOUR C-III, C-IV, C-V PRODUCT WITHIN 15 DAYS OF RECEIPT OF THIS COMPLETED APPLICATION.
 IF YOU HAVE QUESTIONS, PLEASE CALL STERICYCLE CUSTOMER SERVICE AT 877-546-8441

SteriPak C-III, C-IV, C-V Controlled Substance Disposal Application

INSTRUCTIONS FOR COMPLETING C-III, C-IV, C-V PRODUCT INFORMATION

1. EACH PARTIAL PACKAGE (BOTTLE/CONTAINER) MUST BE ENTERED ON A SEPARATE LINE.
2. MULTIPLE FULL PACKAGES (BOTTLES/CONTAINERS) OF THE EXACT SAME PRODUCT MAY BE ENTERED ON THE SAME LINE.
3. COMPLETE PRODUCT INFORMATION MUST BE ENTERED OR ELSE THE FORM MAY BE RETURNED FOR PROPER COMPLETION.
4. REFER TO EXAMPLE BELOW.

EXAMPLE:

C-III, C-IV, C-V PRODUCT INFORMATION – PRINT CLEARLY AND ENTER ALL REQUESTED INFORMATION				
FULL PKG QUANTITY	PARTIAL PKG COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC Number)
7	-	100	ABC TAB. 325/5MG	12345-1234-01
<i>THE ABOVE EXAMPLE REPRESENTS 8 FULL BOTTLES OF ABC DRUG #100</i>				
4	-	1000	ABC TAB. 325/5MG	12345-1234-10
<i>THE ABOVE EXAMPLE REPRESENTS 8 FULL BOTTLES OF ABC DRUG #1000</i>				
-	32	100	ABC TAB. 325/5MG	12345-1234-01
<i>THE ABOVE EXAMPLE REPRESENTS A PARTIAL BOTTLES OF 32 TABLETS OF ABC DRUG #100</i>				

1. INSTRUCTIONS FOR CALCULATING PAYMENT DUE

1. DETERMINE NUMBER OF PACKAGES
2. DETERMINE FEE FROM CHART BELOW

EXAMPLE: Total payment due for the example Product Information above is \$104.00.

7	Full Pkgs. of ABC Tablet 325/5MG #100
4	Full Pkgs. of ABC Tablet 325/5MG #1000
+ 1	Partial Pkg of ABC Tablet 325/5MG #100
<hr style="width: 100%;"/>	
12	Packages = \$104.00

PRICING INFORMATION

\$100.00 FOR UP TO THE FIRST TEN PACKAGESS
 \$2.00 PER UNIT FOR EACH UNIT OVER TEN PACKAGES

PROCESSING CHARGES	
# PACKAGES	PROCESSING FEE
1 – 10	\$100.00
11	\$102.00
12	\$104.00
13	\$106.00
14	\$108.00
15	\$110.00
16	\$112.00
17	\$114.00
18	\$116.00
19	\$118.00
20	\$120.00