## Schedule III – V Inventory Form Instructions

PLEASE READ INSTRUCTIONS CAREFULLY. THEN COMPLETE THE "SCHEDULE III – V INVENTORY FORM" IN FULL AND INCLUDE ALONG WITH SCHEDULE III – V DRUGS TO:

#### Inmar Rx Solutions, Inc.

Ste 125 3845 Grand Lakes Way Grand Prairie, TX 75050

- 1. Enter <u>DEA Name</u>, <u>DBA</u> (*Doing-Business-As*) and <u>complete address</u> (as indicated on your DEA Controlled Substances Registration Certificate) along with your <u>Wholesaler Information</u>.
- 2. Enter **INMAR Account Number**, if you do not have an INMAR Account Number insert the word "**NEW**."
- 3. **Buying Group** is the name of your Group Purchasing Organization (e.g. PREMIER).
- 4. Enter Shipper Phone Number, DEA Number and DEA Expiration Date.
- 5. When listing Schedule III-V Controlled Substances: (See example below)
  - a. List the Schedule III-V Controlled Substances that will be sent.
  - b. Partials **must** be listed on a separate line.
- 6. Completed form must be signed and dated by authorized registrant.
- 7. Make a copy for your files and send the original copy along with your shipment to INMAR.

COLUMNS ARE PROVIDED FOR QUANTITIES AND ITEM IDENTIFICATION. THE FIRST COLUMN HAS 2 SECTIONS FOR FULL CONTAINERS. SECTIONS ARE FOR QUANTITY AND ORIGINAL PACKAGE SIZE (i.e. 2 BOTTLES OF 2 ML x 10, ETC). THE NEXT COLUMN HAS 3 SECTIONS FOR PARTIAL CONTAINERS. SECTIONS ARE FOR QUANTITY, PARTIAL COUNT, AND ORIGINAL PACKAGE SIZE (i.e. 1 BOTTLE WITH 4 PARTS OF 10). THE LAST 2 COLUMNS ARE FOR IDENTIFICATION AND REQUIRE YOU LIST THE ITEM NAME, FORM, STRENGTH AND NATIONAL DRUG CODE.

### **EXAMPLE**

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY			
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE		
1.	2	10				VERSED VIAL 2ML 1MG/ML	00004-1998-06		
2			1	4	10	VERSED VIAL 2ML 1MG/ML	00004-1998-06		
3			2	5	10	VERSED VIAL 2ML 1MG/ML	00004-1998-06		
4									
5									

Version: 8.24 FORM MAY BE: PHOTO-COPIED Custom INMAR Form - Rights Reserved



#### **Inmar Rx Solutions, Inc.**

Ste 125

3845 Grand Lakes Way Grand Prairie, TX 75050 **DEA No.:** RR0191902

#### Schedule III - V Inventory Form

Inmar Phone: (888) 397-7979 Inmar Fax: (817) 868-5342 Inmar EMAIL: 222@inmar.com

# PLEASE READ INSTRUCTIONS ON THE FORM **CAREFULLY** AND **COMPLETE IN FULL**. **PLEASE PRINT CLEARLY**. IF FURTHER CLARIFICATION IS NEEDED, PLEASE CALL (888) 397-7979

		SHIF	PPER	INFO	RMATI	ON:	WHOLESALER INFORMATION:					
DEA NA	ME:						NAME:					
DBA NA	ME:											
ADDRE	SS:						ADDRESS:					
ADDRE	SS:						ADDRESS:					
С	ITY:				STATE:	ZIP:	CITY:		STATE: ZIP:			
INMA	R ACCT	#:		BU	YING GROU	JP:	WHSL ACCT#	:				
Shippe	r Phone	No.:(	)	-		DEA No.:		- <u></u> !	DEA Exp. Date			
Print Na	me (Auth	orized Regi	istrant)			Signatu	ture (Authorized Registrant) Date					
NOTE: INMAR RECOMMENDS USING A SHIPPING METHOD THAT CAN  TRACK AND CONFIRM DELIVERY OF YOUR SHIPMENT.  (See Instructions on reverse side of form)												
ITEM NO	FUL	L PKG	PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY						
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description in	ncluding Name, Form	and Strength)	NATIONAL DRUG CO	DE	EST PRICE	
1.												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												