



Return Form

To expedite returns please complete entire form and fax to **410.415.7004**, or email it to **customerservice@healthsourcedist.com**.

I would like to receive my return label via: Fax Email

Pharmacy Name		Attn	
Address			
City		State	Zip
Phone Number	Fax Number	Email Address	

Date of Purchase	Invoice or Order #	NDC #	Lot #	Item Description	Qty

HealthSource Distributors, LLC Return Policy

At Healthsource Distributors we understand occasionally there will be the need to return products you have purchased. Please see the return guidelines and procedures below:

- HealthSource Distributors will only accept returns of purchases made directly from Healthsource.
- We will accept returns of ordering errors, mistakes and damaged goods within 20 days of the customer receiving the order. Please notify us by completing this return form.
- After 20 days, all returns will be subject to a 10% restocking fee and will be accepted for return at our discretion.
- Refrigerated, Expired, Shop Worn, and Short Dated items will not be accepted for return. Returns beyond 6 months from the purchase date will not be accepted under any circumstances.
- Returns, once received will be processed within 2 business days and credit will then be posted to your account. Credit will be based upon the invoiced price or the items current market sale price.

To process a return, please follow these steps:

- Complete this form in its entirety and email it to customerservice@healthsourcedist.com or fax it to 410.415.7004
- A Return Authorization will be faxed or emailed to you along with a FedEx label
- Include the return authorization in the box with the items and affix the FedEx label to your box.
- Once the items have been received, your account will be credited accordingly.

The Prescription Drug(s) that I am returning was purchased from Healthsource Distributors, LLC and billed to me on the invoice referenced in this return goods document. I have stored the Prescription Drug(s) being returned in accordance with State and Federal laws and am shipping the product in accordance with same. I declare that I have read the foregoing and that the facts stated in it are true.

Signature of Authorized Recipient	Print Name
Title	Date