RETURN TO:
P.O. BOX 7090
TALLAHASSEE, FL 32314-7090

PHARMACY IDENTIFICATION, ADDRESS, & PROVIDER NUMBER

STATE OF FLORIDA

UNIT-DOSE RETURNS TO STOCK REIMBURSEMENT
FLORIDA MEDICAID PRESCRIBED DRUG PROGRAM

AUTHORIZED SIGNATURE ______________________________ DATE | | |

MEDICATIONS LISTED BELOW WERE RETURNED TO INVENTORY AND CLAIMS PAID FOR THESE SERVICES ARE AUTHORIZED FOR ADJUSTMENT.

Rx NUMBER	DATE FILLED			LAST NAME	MEDICAID ID #	DRUG NDC #			QUANTITY RETURNED

UDR 1014 07/2008