Savalife, LLC
2260 Wendt St.
Algonquin, IL 60102
Ph: 800-933-5885
Fax: 847-426-2803
E-mail: sales@savalife.com

Prescription Drug Return Form

Please complete this form in its entirety. Include the original with your return of pharmaceuticals to Sav-A-Life. Please keep a copy for your records

Item Number	Product Description	Number of Units Returned	NDC Number	Lot Number	Expiration Date

- I certify that the product(s) being returned is/are the exact products that were acquired from Sav-A-Life on order # _____ on _____, 20____.

- I certify that the product(s) being returned has/have been properly handled and stored in accordance with label directions from the time they were delivered to this facility/professional office until the time the products were returned to the custody of Sav-A-Life.

☐ I am returning the entire order ☐ I am returning only the items listed above (or on attached list)

_____ _____
Authorized Signature Date

_____ _____
Print Name Title

Please sign this form and include the original with your return. Unsolicited returns will not be accepted by Sav-A-Life. If you have any questions regarding this form, please contact Sav-A-Life at:

Return Address: Sav-A-Life, LLC
Attention: Customer Returns Department
2260 Wendt St.
Algonquin, IL 60102

Sav-A-Life Account Number: _____ Customer Name: _____
Customer Phone Number: (_____) _____ Customer Fax Number: (_____) _____
Customer E-mail address: _____