Date Sent:	
Pages:	

OUTBOUND INVENTORY LIST

Shipper Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
State License:	
DEA #:	

PharmaTech Services
14430 Black Lake Road
Odessa, FL 33556

State License: FL#5226
DEA # RC0444086
Phone: 813-749-7113
Fax: 813-749-7123

Name of Presciption Drug Product	Strength	NDC number	Regular or Sample or Control	# of pkgs	Full Qty	Partial Qty	Lot #	Expire Date

Signature: _____ (Name of person in charge of inventory)

Please return by fax to 813-749-7123 or by email to contact@pharmatechservices.com