



Prescription Drug Return Authorization

Please complete, sign and include this form with all return shipments of prescription drug products.

Note: Credit for returns will **NOT** be processed unless this completed form is included with the returned item(s). If you have any questions, please contact Benco Customer Service at 1.800.GO.BENCO.

Customer Name:

Account Number:

Customer Address:

Phone:

Email:

Fax:

RA Number:

Product Return Information

Item Number	Description	Quantity	NDC Number	Expiration Date	Lot Number

I hereby certify that the prescription drug products being returned were purchased from Benco Dental Supply Co. and have been properly handled and stored in accordance with the manufacturer's label directions from time they were received at this office/facility until the time they were returned to Benco Dental Supply Co.

Please sign, date and enclose this form with your return. Thank You

Signature:

Date:

Print Name:

Title:

Return items to: Benco Dental Supply Co.
ATTN: Returns
295 CenterPoint Blvd.
Pittston, PA 18640

