

Non-Schedule Inventory Form Instructions

(This form is for pharmacy convenience only – Not required by INMAR/EXP)

PLEASE READ INSTRUCTIONS CAREFULLY. THEN COMPLETE THE "NON-SCHEDULE INVENTORY FORM" IN FULL AND INCLUDE ALONG WITH NON-SCHEDULE DRUGS TO:

Inmar Rx Solutions, Inc.

Ste 125
3845 Grand Lakes Way
Grand Prairie, TX 75050

1. Enter **DEA Name, DBA (Doing-Business-As)** and complete address (as indicated on your DEA Controlled Substances Registration Certificate) along with your **Wholesaler Information**.
2. Enter **INMAR/EXP Account Number**, if you do not have an INMAR/EXP Account Number insert the word **"NEW."**
3. **Buying Group** is the name of your Group Purchasing Organization (e.g. PREMIER).
4. Enter **Shipper Phone Number, DEA Number** and **DEA Expiration Date**.
(DEA information is not a DEA Requirement for Non-Schedule Drugs)
5. When listing Non-Schedule Products: (See example below)
 - a. List the Non-Schedule Products that will be sent.
 - b. Partial **must** be listed on a separate line.
 - c. If you have a separate Inventory List/Form and/or printout, you can attach it to the "Non-Schedule Inventory Form" once information requested in #1 through #5 has been completed.
NOTE- Listing of Non-Schedule Products may be a State requirement; but if it is not required by State Regulations, then it is not required by INMAR/EXP.
(provided by INMAR/EXP for convenience if not required by State Regulations)
6. Completed form must be signed and dated by authorized representative.
7. Make a copy for your files and send the original copy along with your shipment to INMAR/EXP.

COLUMNS ARE PROVIDED FOR QUANTITIES AND ITEM IDENTIFICATION. THE FIRST COLUMN HAS 2 SECTIONS FOR FULL CONTAINERS. SECTIONS ARE FOR QUANTITY AND ORIGINAL PACKAGE SIZE (i.e. 2 BOTTLES OF 2 ML x 10, ETC). THE NEXT COLUMN HAS 3 SECTIONS FOR PARTIAL CONTAINERS. SECTIONS ARE FOR QUANTITY, PARTIAL COUNT, AND ORIGINAL PACKAGE SIZE (i.e. 1 BOTTLE WITH 4 PARTS OF 10). THE LAST 2 COLUMNS ARE FOR IDENTIFICATION AND REQUIRE YOU LIST THE ITEM NAME, FORM, STRENGTH AND NATIONAL DRUG CODE.

EXAMPLE

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY	
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE
1.	2	10				AMOXICILLIN CAPS 250MG	00005-3114-23
2			1	57	100	AMOXICILLIN CAPS 250MG	00005-3114-23
3			2	30	100	AMOXICILLIN CAPS 250MG	00005-3114-23
4							
5							



Inmar Rx Solutions, Inc.
 Ste 125
 3845 Grand Lakes Way
 Grand Prairie, TX 75050
DEA No.: RR0191902

Non-Schedule Inventory Form

Inmar Phone: (888) 397-7979
Inmar Fax: (817) 868-5342
Inmar EMAIL: 222@inmar.com

PLEASE READ INSTRUCTIONS ON THE FORM CAREFULLY AND COMPLETE IN FULL.
PLEASE PRINT CLEARLY.
 IF FURTHER CLARIFICATION IS NEEDED, PLEASE CALL (888) 397-7979.

SHIPPER INFORMATION:				WHOLESALE INFORMATION:			
DEA NAME:				NAME:			
DBA NAME:							
ADDRESS:				ADDRESS:			
ADDRESS:				ADDRESS:			
CITY:	STATE:	ZIP:		CITY:	STATE:	ZIP:	
INMAR ACCT#:	BUYING GROUP:			WHS ACCT#:			

Shipper Phone No.: () - DEA No.: DEA Exp. Date

Print Name (Authorized Registrant) Signature (Authorized Registrant) Date

NOTE: INMAR/EXP RECOMMENDS USING A SHIPPING METHOD THAT CAN TRACK AND CONFIRM DELIVERY OF YOUR SHIPMENT.
 (See Instructions on reverse side of form)

ITEM NO	FULL PKG		PARTIAL PKG			COMPLETE IN FULL AND PLEASE PRINT CLEARLY		
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE	ITEM NAME (Description including Name, Form and Strength)	NATIONAL DRUG CODE	EST PRICE
1.								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								