

UniPAK EXPRESS APPLICATION
For C-III, C-IV, C-V Return Authorization

Phone: 770-785-9710

APPLICANT INFORMATION - ENTER ALL INFORMATION AS IT APPEARS ON YOUR CURRENT DEA REGISTRATION

DEA #: _____ DEA EXPIRATION DATE: _____

PHARMACY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

SIGNATURE: _____ PRINT NAME: _____

REASON FOR RETURN: _____

C-III, C-IV, C-V PRODUCT INFORMATION- TO COMPLETE THIS SECTION SEE INSTRUCTIONS ON THE BACK OF THIS FORM

FULL PKG. QUANTITY	PARTIAL PKG. COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC NUMBER)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

WHAT TO DO WITH THIS COMPLETED FORM

- CALCULATE PAYMENT DUE USING THE PRICING CHART ON THE BACK OF THE FORM.
- MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNIVERSAL SOLUTIONS, INC.
- MAIL YOUR PAYMENT, A COPY OF YOUR CURRENT DEA REGISTRATION AND THE WHITE COPY OF THIS FORM TO:

UNIVERSAL SOLUTIONS, INC.
ATTENTION: ACCOUNTING
P.O. BOX 998
CONYERS, GA 30012

YOU WILL RECEIVE INSTRUCTIONS FOR RETURNING YOUR C-III, C-IV, C-V PRODUCT WITHIN 15 DAYS OF RECEIPT OF THIS COMPLETED APPLICATION.

1. INSTRUCTIONS FOR COMPLETING C-III, C-IV, C-V PRODUCT INFORMATION

1. EACH PARTIAL PACKAGE (BOTTLE/CONTAINER) MUST BE ENTERED ON A SEPARATE LINE.
2. MULTIPLE FULL PACKAGES (BOTTLES/CONTAINERS) OF THE SAME PRODUCT (SAME PRODUCT NAME, STRENGTH AND NDC NUMBER) MAY BE ENTERED ON THE SAME LINE. (SEE EXAMPLE BELOW)
3. COMPLETE PRODUCT DESCRIPTION AND NATIONAL DRUG CODE (NDC NUMBER) INFORMATION MUST BE ENTERED OR ELSE THE FORM MAY BE RETURNED FOR PROPER COMPLETION.
4. IF YOU NEED ADDITIONAL SPACE USE A SHEET OF PAPER AND INCLUDE IT WHEN YOU MAIL IN THIS FORM.

C-III, C-IV, C-V PRODUCT INFORMATION- PRINT CLEARLY AND ENTER ALL REQUESTED INFORMATION				
FULL PKG. QUANTITY	PARTIAL PKG. COUNT	PACKAGE SIZE	ITEM NAME (PRODUCT NAME AND STRENGTH)	NATIONAL DRUG CODE (PRODUCT NDC NUMBER)
7 (The above example represents 7 full bottles of APAP/Codeine Tab. #100.)		100	APAP/Codeine Tab. 325/30MG	12345-6789-01
4 (The above example represents 4 full bottles of Hycotuss Expect. 480ML.)		480	Hycotuss Expect. 5MG/5ML	29345-0999-01
	32 (The above example represents a partial bottle of 32 tablets of APAP/Codeine Tab. #100.)	100	APAP/Codeine Tab. 325/30MG	12345-6789-01

2. INSTRUCTIONS FOR CALCULATING PAYMENT DUE

Use the Pricing Information and Pricing Chart below to calculate payment due.

Example: Total payment due for the example Product Information above is \$28.50.

7	Full Pkgs. (Units)	of APAP/Codeine Tab. 325/30MG
4	Full Pkgs. (Units)	of Hycotuss Expect. 5MG/5ML
<u>+</u> 1	<u>Partial Pkg. (Unit)</u>	<u>of APAP/Codeine Tab. 325/30MG</u>
12	Pkgs. (Units)	

	<u>PRICING INFORMATION</u>
\$25.00	FOR UP TO THE FIRST TEN UNITS*
\$1.75	PER UNIT (PKG.) FOR EACH ADDITIONAL UNIT (PKG.)

<u>PRICING CHART</u>	
1	Unit (Pkg.) = Total Payment of \$25.00
2	Units (Pkgs.) = Total Payment of \$25.00
3	Units (Pkgs.) = Total Payment of \$25.00
4	Units (Pkgs.) = Total Payment of \$25.00
5	Units (Pkgs.) = Total Payment of \$25.00
6	Units (Pkgs.) = Total Payment of \$25.00
7	Units (Pkgs.) = Total Payment of \$25.00
8	Units (Pkgs.) = Total Payment of \$25.00
9	Units (Pkgs.) = Total Payment of \$25.00
10	Units (Pkgs.) = Total Payment of \$25.00
11	Units (Pkgs.) = Total Payment of \$26.75
12	Units (Pkgs.) = Total Payment of \$28.50
13	Units (Pkgs.) = Total Payment of \$30.25
14	Units (Pkgs.) = Total Payment of \$32.00
15	Units (Pkgs.) = Total Payment of \$33.75
16	Units (Pkgs.) = Total Payment of \$35.50
17	Units (Pkgs.) = Total Payment of \$37.25
18	Units (Pkgs.) = Total Payment of \$39.00
19	Units (Pkgs.) = Total Payment of \$40.75
20	Units (Pkgs.) = Total Payment of \$42.50

FOR EACH ADDITIONAL UNIT ADD \$1.75