

INVOICE #	SHIP DATE	PO NUMBER	CARRIER
-----------	-----------	-----------	---------

DISTRIBUTOR
Riverside Community Pharmacy

SHIP TO (PHARMACY/FACILITY)
410 Health Center Blvd DEA#

DRUG NAME	NDC	VERIFY	LOT #	EXP	QTY	SCHEDULE
	500	QR				
		Missing C				
	1000	QR				
		Missing C				
	100	QR				
		Missing C				
	500	QR				
		Missing C				
	2000	QR				
		Missing C				

Rx **CONTROLLED SUBSTANCES ENCLOSED — VERIFY DEA AUTHORIZATION BEFORE RELEASE**
 This shipment contains Schedule II-V controlled substances. Recipient must present valid DEA registration. Record keeping per 21 CFR 1304 required.

STORAGE & HANDLING

COMPLIANCE VERIFICATION
Missing QR Code value