



**WEST COAST
NUCLEAR PHARMACY**

3906 CRAGMONT DRIVE • TAMPA, FLORIDA 33619

Request for Credit Fax Form

FAX TO:	West Coast Nuclear Pharmacy
ATTN:	Lisa Futter
FAX #:	813-663-9177
FROM:	
FAX #:	
DATE:	

I certify that the following prescriptions were unused and will be returned to, West Coast Nuclear Pharmacy in the delivery cases provided, in the next scheduled pharmacy delivery/pickup.

Signed: _____

Prescription Number:	Product Description:	Prescription Date:	Reason for Return:	Unused Dose Received: (Pharmacy Use)

This form, signed and completed, **MUST** be faxed to, West Coast Nuclear Pharmacy within 24 hours of receipt.