CLINIC RETURNED GOODS FORM

Entry on JOM Invoice	Name			Ship to Account Number
	Address			
	City	State	Zip Code	

NDC #	Product Description	Returned Quantity	Unit of Measure
5045819224	ORTHO-EVRA®		
5045825120	ORTHO TRI-CYCLEN® Lo		
5045819120	ORTHO TRI-CYCLEN®		
5045819720	ORTHO-CYCLEN®		
5045817820	ORTHO-NOVUM® 7/7/7		
5045819423	ORTHO MICRONOR®		
5045819615	ORTHO-CEPT®		
5045817615	ORTHO-NOVUM® 1/35		
5045817115	MODICON®		
0062535001	TERAZOL® 7 Cream		
0062535601	TERAZOL® 3 Cream		
5045853501	TERAZOL® 7 Cream		
5045853601	TERAZOL® 3 Cream		
0062200001	VERIDATE COMPACTS		
5045817812	ORTHO-NOVUM 777		
5045819112	ORTHO-TRI CYCLEN		
5045819412	ORTHO MICRONOR		

NDC #	Product Description	Returned Quantity	Unit of Measure