



**WEST COAST  
NUCLEAR PHARMACY**

3906 CRAGMONT DRIVE • TAMPA, FLORIDA 33619

# Request for Credit Fax Form

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

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:** \_\_\_\_\_

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

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