

Merck Sharp & Dohme Corp., Product Return Form for
Client of Wholesaler/Distributor



**This form must be completed and submitted for each return by customer account.
An accurate DEA#, HIN, or other identifier for the customer seeking reimbursement for returned product
must be included*
Failure to supply this information could lead to no credit being issued.**

**All Returns are subject to the Merck Sharp & Dohme Corp. Terms and Conditions of Sale
All fields must be completed except where otherwise noted**

Section 1 Client of Wholesaler/Distributor Returning Product Client = purchased Merck product from a wholesaler or distributor	
Name	_____
Address	_____ _____
City	_____
State	_____ Zip _____
Phone	_____
HIN#	_____
*DEA#	_____
Other Identifier #	_____
Debit Memo/PO #	_____
(optional)	

Section 2 Wholesaler / Distributor	
Name	_____
Address	_____ _____
City	_____
State	_____ Zip _____
Enter the company name, street address, state, city and zip code from where the product(s) were purchased.	

Mail Returned Product to:	Merck c/o PharmaReturns, Inc. Processing Center P.O. Box 1077 100 Corporate Dr., Suite 2 Montgomeryville, PA 18936-9644
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This form must be included with the product

The Returning Party will pay transportation charges. Merck Sharp & Dohme Corp. shall not pay or give reimbursement for transportation, service, handling or processing fees.

THIS PRODUCT IS NOT FOR RESALE

*By filling out and submitting this form to Merck, c/o PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number provided above as necessary to process product returns

You may contact the Order Management Center with your questions, Monday through Friday, 8AM – 6PM ET, excluding holidays.
Phone: 1800-637-2579 (800-MERCKRX)