

Supplies to be Returned



Clinic Name: _____ Date: _____

Item(s): _____

REASON:

- Expired/Expiring
- Too many ordered: Order Number: _____
- Ordered wrong item: Order Number: _____
- AML sent wrong Item: Order Number: _____
- Other: _____

**Please complete this form and return with the item(s) being sent back to AML.