



Return Authorization

Dear Customer,

Please sign and date on the spaces provided below and fax this back to us as soon as possible. We will issue a call tag to have the goods picked up from your location upon receipt of this completed Return Authorization Form.

Date Requested:	
Customer #:	
Customer Name:	
Address:	
Phone #:	
Fax #:	

NDC	Description	Qty	Invoice #	Invoice Date	Reason

The undersigned guarantees that all products returned to HyGen Pharmaceuticals, Inc. have been stored, handled and shipped in accordance with manufacturer guidelines, Federal, State and Local Laws, including the Prescription Drug Marketing Act requirements of f.s.499.0121 and the rules adopted there under while in the purchaser's custody and control. Any products not meeting the above requirements are not eligible for return or credit. All products returned must be authorized in advance. HyGen Pharmaceuticals, Inc. reserves the right to return or destroy products that are ineligible for credit or sent without prior authorization.

Furthermore, the undersigned also guarantees by signing, that the specific unit (exact unit) being returned was purchased from HyGen Pharmaceuticals, Inc.

Customer Name (Signature): _____

Customer Name (Printed): _____

Business Title: _____

Fax completed form to: **(425) 451-8964**

Upon completion and return of this Return Authorization, a scheduled pick-up will be authorized by HyGen Pharmaceuticals, Inc. in accordance with our return policy.

HyGen Pharmaceuticals, Inc.
1940 124TH Ave NE, STE A105; Bellevue, WA 98005
Phone: 877-630-9198 Fax: 425-451-8964