

**Thanks for doing your part
in making our community safer!**

Patient Rx Label

Number of Patches Returned: _____
Date Returned: _____

IF YOU HAVE ANY QUESTIONS ABOUT THIS PROGRAM, JUST ASK ANY MEMBER OF THE PHARMACY TEAM.



***®Teva-Fentanyl
Patch Return Sheet***

*Patch return program for
safer communities*

®Teva-Fentanyl Patch Return Program Return Sheet

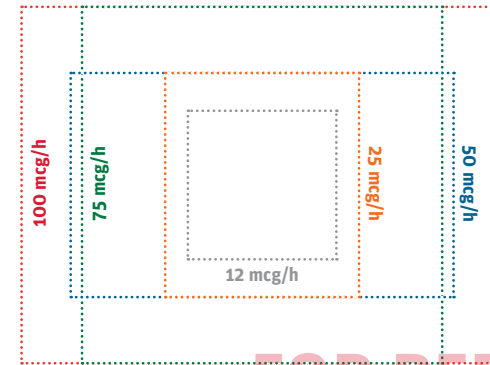
Your pharmacist and doctor participate in the ®Teva-Fentanyl Patch Return Program. You will need to bring your **USED** fentanyl patches back to the pharmacy whenever you pick up a new prescription of your patches.

Use this sheet to return **ALL** of your used patches.

Instructions:

1. Once you remove a used patch from your skin, stick the used patch on this sheet in the numbered boxes.
2. Store this sheet out of sight and out of reach of children/pets.
3. After applying your last patch, return this sheet with the used patches to the pharmacy to pick up your next supply.

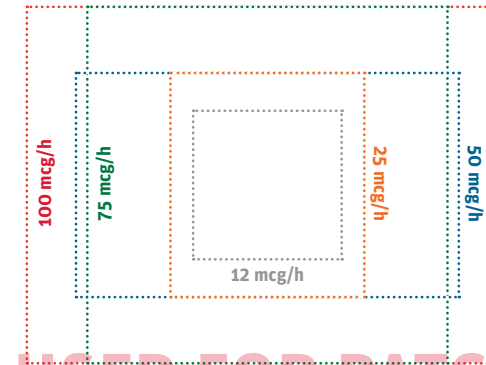
Peel cover and place used patch here.



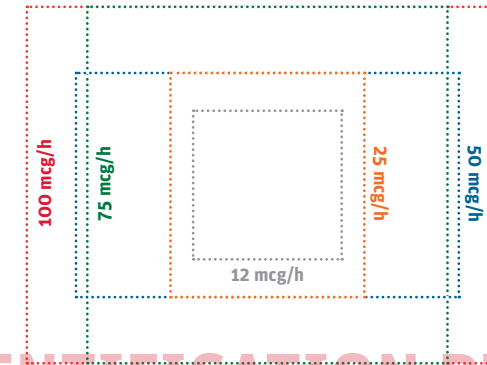
Peel cover and place used patch here.



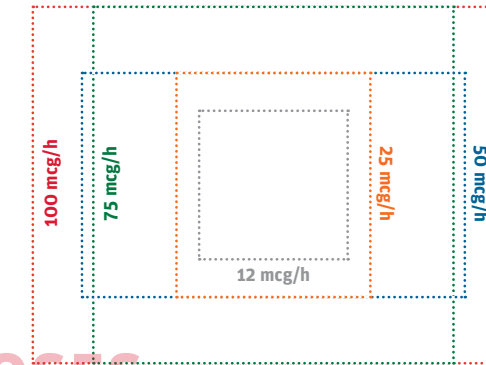
Peel cover and place used patch here.



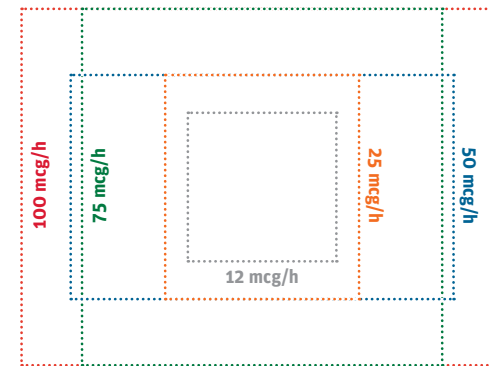
Peel cover and place used patch here.



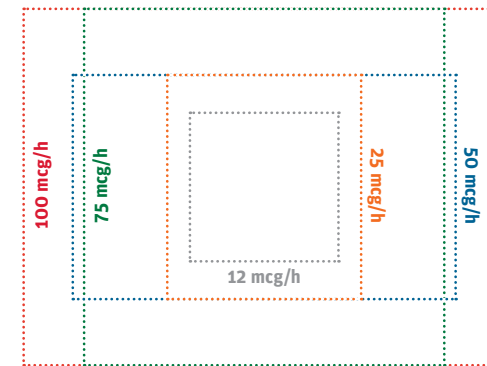
Peel cover and place used patch here.



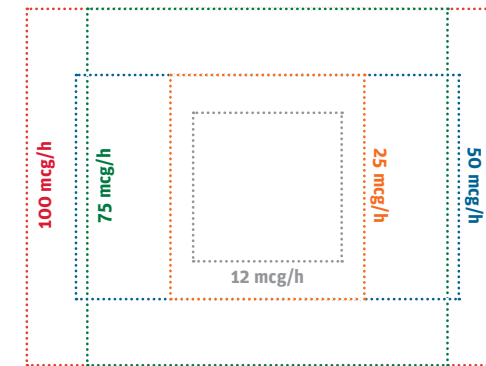
Peel cover and place used patch here.



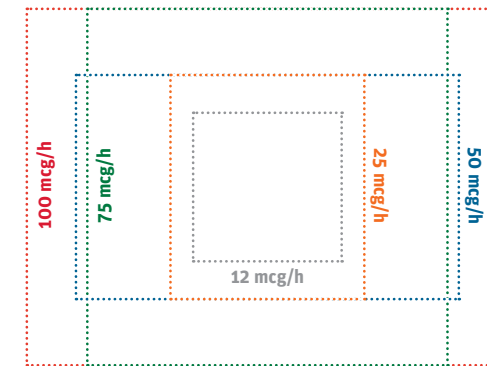
Peel cover and place used patch here.



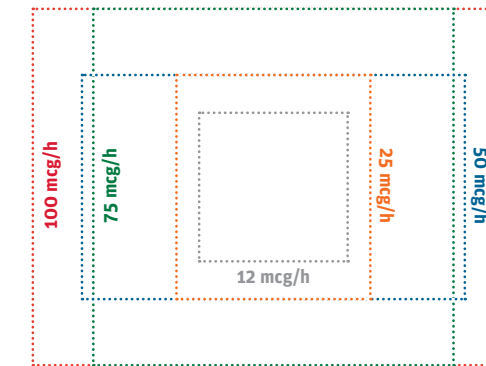
Peel cover and place used patch here.



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Peel cover and place used patch here.



FOR REFERENCE ONLY. CANNOT BE USED FOR PATCH IDENTIFICATION PURPOSES.