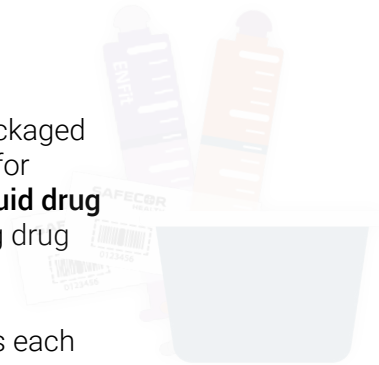
Liquid Packaging Specifications



Please use the following form to provide us with detailed instructions regarding your repackaged liquid products. You will need to send in this form **every time you send a new liquid drug** for packaging. You also need to send in this form if you **make any changes to an existing liquid drug** you're repackaging with Safecor Health; otherwise, the packaging formats for that existing drug (including dose) will default to the original specifications.

Please note: If you plan to order multiple doses of the same drug, you will need to email us each time to let us know which doses are needed.

Return completed form to service@safecorhealth.com

DATE:

Hospital Name _____ DEA # _____

Address _____ Contact Name _____

City _____ Phone _____

State _____ Zip Code _____ Email _____

EXAMPLES

Item Description	Bulk NDC Number	Dose	Cup or Syringe	Est. Quantity Per Month	Bar Code Data	Special Instructions
Multivitamin	54838-0008-70	5 mL	Cup	1000	0005434405	Change to an existing drug
Poly-Vitamins w/ Iron	00087-0405-01	1 mL	Oral Syringe	700	0054329455	Baggies of 10
Poly-Vitamins w/ Iron	00087-0405-01	1 mL	ENFit Syringe	500	0054329489	ENFit purple tamper-evident cap **OR** standard ENFit cap

Please email completed form to service@safecorhealth.com

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