

# ®Teva-Fentanyl Patch Return Program

Patch return program for safer communities



Date: (MM/DD/YYYY)	Attention
Fax number	Number of pages

Dear Dr. \_\_\_\_\_,

Our mutual patient, \_\_\_\_\_, presented at the pharmacy today for a refill of ®Teva-Fentanyl patches. The following issue occurred:

- They only returned \_\_\_\_ patches instead of their prescribed amount of \_\_\_\_ patches.
- I believe that they may have tampered with or altered the returned patches

I discussed this issue with the patient and explained that this was not acceptable for any refills going forward. To address this issue, I did the following:

- I only dispensed \_\_\_\_ patches and informed the patient that they must return the full quantity before any subsequent refills will be authorized.
- I refused to refill any more patches until they received a new authorization from you.

Please feel free to call me if you have any questions.

Sincerely,

\_\_\_\_\_

Pharmacist name / Pharmacy name	
Phone number	Fax number