



1611 W 5th Street
Suite 160
Austin TX 78703-4874

512.476.TXRx (8979)
512.476.8980 (fax)
www.LiveOakRx.com

Where did you get this medicine?
Check one box below.

Why was medicine returned? Check one box below.

Date of Return	Your Zip Code	Name of Medication please list medication(s) from the bottle or package	Supplement or Vitamin?	Dosage write the strength of the medicine (e.g., 30 mg, 2%)	Quantity Approximate number of pills, or estimate amount of liquid or cream.	Where did you get this medicine? Check one box below.										Why was medicine returned? Check one box below.				Please indicate any side effects or other comments
						Doctor's Office	Pharmacy	Hospital or Clinic	Family or Friend	Mail Order	Don't Know or Other	Expired or Outdated	Discontinued by Doctor	Patient Felt Better	Side effects/allergic reaction	Patient Passed or Moved	Did Not Want To Take	Don't Know or Other		

Team Member Only: Indicate if medicine was not accepted and why