

# DISPENSING RECORD – EPHEDRINE/PSEUDOEPHEDRINE (PSE) PRODUCTS

Retailer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Purchaser's Name</b>	<b>Date of Birth</b>	<b>Address</b>	<b>Product Brand/Name</b>	<b>Quantity</b>	<b>Dispensed by: Initials</b>	<b>Date</b>

Please submit by the 5<sup>th</sup> of each month to: Attention SB 207

George S. Mickelson Criminal Justice Center  
1302 East Highway 14, Ste. 7  
Pierre, SD 57501