### EXHIBIT G

**RA/RETURN GOODS INVOICE**

**FOR THE ACCOUNT OF:**

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<th>Date:</th>
<th>________________________________</th>
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**FOR PSI USE ONLY:**

- **Revd:** ________________________________
- **RA #:** ________________________________
- **Goods Rcvd:** ________________________________
- **Confirmed:** ________________________________
- **Credit Posted:** ________________________________

**RETURN INSTRUCTIONS**

1. CONTACT CUSTOMER SERVICE AT 888-469-3579 TO OBTAIN RETURN AUTHORIZATION (RA) NUMBER PRIOR TO SHIPMENT.
2. INCLUDE RA # ON PACKAGE/CONTAINER.
3. WHEN SHIPPED, SEND TRACKING NUMBER TO RETURNS@PHARMASUPPLY.COM

**SHIP TO:**

Pharma Supply, Inc.
Attn: Returns Department
145 Cane Creek Industrial Park Dr., Suite 551
Fletcher, NC 28732
888-469-3579

**COMMENTS**

________________________________________________________________________
________________________________________________________________________

**Return Code Key:**

- (1) Accepted for Credit
- (2) Not Full
- (3) Not Sealed/Opened
- (4) Expired/Short-dated (≤7 months)
- (5) Custom/Made-to-Order
- (6) Not Pharma Supply/ADVOCATE Product
- (7) Not sold directly to Retailer
- (8) Products damaged in transit

A copy of this Return Goods Invoice can also be found at https://advocatemeters.com/wholesale-policies.

**For Pharma Supply Use**

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<tr>
<th>Orig. PO #</th>
<th>Product Description</th>
<th>Lot #</th>
<th>Exp. Date</th>
<th>Pkg. Size</th>
<th>Qty. Return</th>
<th>Wholesale Price</th>
<th>Return Code</th>
<th>Credit Amount</th>
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**TOTAL CREDIT APPLIED**

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