

Retail Transaction Log Products Containing Ephedrine, Pseudoephedrine or Phenylpropanolamine

Date of Purchase			Name of P	f Purchaser			Date of	Date of Birth	
/		AM _: PM							
ID Number ID Type/Agency ☐ Washington Drivers license ☐ Other				Street Address City			State & Zip		
Signature of Purchaser				Product Name	Gr	rams of Restricted Product		als of Seller	
Date of Purchase	Time of Purchase							Date of Birth	
ID Number	☐ Washington Drivers license ☐ Other					City		State & Zip	
Signature of Purchaser Product Name Grams of Restricted Product							Name/Initials of Seller		
Date of Purchase	Time of Purchase Name of Purchaser AM PM					Date of Birth/			
ID Number		ID Type/Agency ☐ Washington Drivers ☐ Other	license	treet Address		City		State & Zip	
Signature of Purchaser				Product Name	Gr	Grams of Restricted Product Name/Initia			
Date of Purchase	/						Date of	Date of Birth	
☐ Washington Drivers license☐ Other				reet Address City		City	State & Zip		
Signature of Purchaser				Product Name	Gr	Grams of Restricted Product Name/Initia		als of Seller	