Washington State Department of Health

Retail Transaction Log
Products Containing Ephedrine, Pseudoephedrine or Phenylpropanolamine

Date of Purchase	Time of Purchase	Name of Purchaser	Date of Birth
____/____/____	_____:_____ ☐ AM ☐ PM		____/____/____

ID Number	ID Type/Agency	Street Address	City	State & Zip
	☐ Washington Drivers license ☐ Other _____			

Signature of Purchaser	Product Name	Grams of Restricted Product	Name/Initials of Seller

Date of Purchase	Time of Purchase	Name of Purchaser	Date of Birth
____/____/____	_____:_____ ☐ AM ☐ PM		____/____/____

ID Number	ID Type/Agency	Street Address	City	State & Zip
	☐ Washington Drivers license ☐ Other _____			

Signature of Purchaser	Product Name	Grams of Restricted Product	Name/Initials of Seller

Date of Purchase	Time of Purchase	Name of Purchaser	Date of Birth
____/____/____	_____:_____ ☐ AM ☐ PM		____/____/____

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Signature of Purchaser	Product Name	Grams of Restricted Product	Name/Initials of Seller

Date of Purchase	Time of Purchase	Name of Purchaser	Date of Birth
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Signature of Purchaser	Product Name	Grams of Restricted Product	Name/Initials of Seller