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pharmbd@dhp.virginia.gov www.dhp.virginia.gov/pharmacy

## **CLOSING OF A PHARMACY**

Please provide the information requested	d below. (Print o	or Type) Use full i	name not init	tials	
Name of Pharmacy					
Street Address			Area Code and Telephone Number		
City			State	Zip Code	
Permit Number Area Code a				(8)	
0201-	Area Code and Telep	onone Number of	r Pharmacy		
··					
Name of Pharmacist, Owner, or Other Appropriate Contact Person		Area Code and Telephone Number of Contact Person			
Address of Contact Person					
Expected Closing Date (or date closed if already closed)  Date of Notice to F		Public <sup>1</sup>	Date of Notice to Board <sup>2</sup>		
Public notice was given by <sup>1</sup> sign posted at least 30 days prior to closing date					
letter to all active refills customers at least 14 days prior to closing					
(if letter, provide a copy to the Board with this form)					
Disposition of Drugs and Records					
(indicate the location where drugs will be transferred and records will be transferred and maintained)					
Oakadada II duwaa					
Schedule II drugs:					
Schedule III-V drugs:					
•					
Schedule VI drugs:					
Prescription dispensing records:					
Other patient information					
records:					
Invoices and inventories:					
<sup>1</sup> Notice must be given to the public by eith		_	•		
closing or by mailing a notice to all active refill customers at least 14 days prior to closing. The notice must inform the public where their prescription records are to be transferred.					
<sup>2</sup> Notice of closing must be given to the Board at least 14 days prior to closing.					
		rd Use Only	····· <b>g·</b>		
Permit Returned: Inspector: All d	rugs removed?		Signs remov	ved? Yes No	