

ARKANSAS STATE BOARD OF PHARMACY  
101 East Capitol, Suite 218  
Little Rock, AR 72201

**CLOSING OF PHARMACY FORM**

NAME OF PHARMACY: \_\_\_\_\_

PERMIT NUMBER: AR \_\_\_\_\_

ADDRESS: (including city, state and zip code) \_\_\_\_\_  
\_\_\_\_\_

- A final inventory of controlled drugs is attached. (Actual count on CII, a close estimate on CIII-CV).
- D.E.A. has been sent a final controlled substance inventory, the controlled substance registration certificate and voided unused 222 order forms.
- All controlled drugs have been transferred to:

Name of Pharmacy	DEA Number	
City	State	Zip
Phone Number	AR	Pharmacy License Number

- Patients files have been transferred to:

Name of Pharmacy		
City	State	Zip
Phone Number	AR	Pharmacy License Number

- Patients have been notified of location of patient files.

By what method? \_\_\_\_\_  
\_\_\_\_\_

- Within 30 days, I will remove all pharmacy related exterior signs.

- Arkansas State Board of Pharmacy, Pharmacy Permit is attached.

The last day of operation for this pharmacy was \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNED BY OWNER

\_\_\_\_\_  
SIGNED BY PHARMACIST IN CHARGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE