

### INSTRUCTIONS FOR CLOSING A PHARMACY

**(A)** Must notify the Florida Board of Pharmacy as soon as possible of the anticipated date of closing. This notice shall be submitted in writing and shall contain all the following information:

1. Date of closing.
2. The names and addresses of the persons who shall have custody of the Prescription files, and the Controlled Drug Inventory Records of the pharmacy to be closed.
3. The names and addresses of any persons who will acquire any of the Legend Drugs from the pharmacy to be closed.

**(B) FURTHER**, not later than ten (10) days after the pharmacy has closed, the Pharmacy permit shall be returned to the Board Office, and the registrant shall file a written report with the Board Office containing all of the following information:

1. Confirming that a sign has been posted outside of the closed establishment indicating the name and address of the pharmacy where the prescription files have been transferred.
2. Confirming that **ALL LEGEND DRUGS** have been transferred to authorized person or destroyed. If transferred, the name and address of all persons to whom they were transferred.
3. If Controlled drugs were transferred, You must indicate the names and addresses of the persons to whom they were transferred.
4. Confirming that DEA Registration and All Blank DEA 222 (Order Forms) were Returned to the DEA Office.
5. Confirming that All Pharmacy Labels and All Blank prescriptions which were in the pharmacy were destroyed.
6. Confirming that all Signs and Symbols indicating that Presence of a Pharmacy have been Removed.

**(Revised 7/26/00)**