



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Telephone (225) 925-6496
Facsimile (225) 925-6499
www.pharmacy.la.gov
info@pharmacy.la.gov

NOTIFICATION OF CLOSURE OF PHARMACY PERMIT

10 Day Prior Notification of Closure Required (LAC 46:LIII§1133.A.2.)

INSTRUCTIONS:

- 1) Complete page 1 and submit to the board office not less than 10 days prior to the anticipated date of closure.
- 2) Complete page 2 and submit to the board office after completion of required closing procedures of your pharmacy.

SECTION 1 – Pharmacy Information (Enter information as it appears on your pharmacy permit)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:
Pharmacy Telephone Number (including area code):		
Pharmacist-in-Charge (PIC – signature required below):	PIC LA License Number:	
Anticipated closure date of the prescription department:		

SECTION 2 – Custodian of Transferred Prescription Files (LAC 46:LIII§1133.A.2.b.)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:

SECTION 3 – Intended Recipient of Prescription Drug Sale or Transfer (LAC 46:LIII§1133.A.2.c.)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:

(Signature of Permit Holder)

(Date)



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FINAL NOTIFICATION OF CLOSURE OF PHARMACY PERMIT

10 Day Prior Notification of Closure Required (LAC 46:LIII§1133.A.2.)

INSTRUCTIONS:

- 1) Complete page 1 and submit to the board office not less than 10 days prior to the anticipated date of closure.
- 2) Complete page 2 and submit to the board office after completion of required closing procedures of your pharmacy.

SECTION 1 – Pharmacy Information (Enter information as it appears on your Pharmacy Permit)

Pharmacy Name:		LA Board of Pharmacy Permit Number:	
Pharmacy Address:			
City:		State:	Zip:
Pharmacy Telephone Number (including area code):		Actual closure date of prescription the department:	
Pharmacist-in-Charge (PIC – signature required below):		PIC LA License Number:	

SECTION 2 – Public Notice (LAC 46:LIII§1133.A.1.) Attach a legible copy of your public notice(s).

SECTION 3 – Recipient of Inventory (Attach additional pages if necessary)

Name:		LA Board of Pharmacy Permit Number (if applicable):	
Address:			
City:		State:	Zip:

SECTION 4 – Location of Pharmacy Records (CDS/non-CDS records, order forms, inventories, purchase records, etc.)

Contact Name:		Contact Telephone Number (including area code):	
Address:			
City:		State:	Zip:

SECTION 5 – Surrender of Permits

- 1) Attach your voided Louisiana pharmacy permit and Louisiana CDS license (if applicable)
- 2) Return unused DEA 222 order forms and DEA registration to:
Drug Enforcement Administration (DEA)
3838 North Causeway Blvd. Suite 1800
Lakeway III
Metairie, LA 70002-8198

(Signature of Permit Holder)

(Date)