



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ Email: info@pharmacy.la.gov



Notice of Permanent Closure of Pharmacy

Notes:

- Permanent closure of a pharmacy requires public notice at least 10 days prior to the closure date.
- Permanent closure requires two written notices to the Board office – a preliminary notice at least 10 days prior to the closure date, and a final notice after all closure procedures have been accomplished.
- For the preliminary notice, complete Page 1 and ensure the Board receives it at least 10 days prior to the anticipated date of closure.
- For the final notice, complete Page 2 and ensure the Board receives it and all required attachments when the closure procedures have been completed.

Page 1 of 2 ~ Preliminary Notice of Permanent Closure of Pharmacy

Section 1. Permit Information

Permit No.: PHY. _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Pharmacist-in-Charge: _____ La License No.: PST. _____

Anticipated Date of Permanent Closure: _____

NOTE: On permanent closure of a pharmacy, the Board requires prescription files to remain in another pharmacy in the vicinity of the closed location, to protect consumers' right of access to their prescription records.

Section 2. Custodian of Transferred Prescription Files

Permit No.: PHY. _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Section 3. Intended Recipient of Prescription Drug Transfer or Sale

Permit No.: PHY. _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Signature of Pharmacist-in-Charge

Date



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Notice of Permanent Closure of Pharmacy

Page 2 of 2 ~ Final Notice of Permanent Closure of Pharmacy

Section 1. Permit Information

Permit No.: PHY. _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Pharmacist-in-Charge: _____ La License No.: PST. _____

Actual Date of Permanent Closure: _____

Section 2. Recipient of Prescription Drug Inventory (attach additional pages if necessary)

Permit No.: PHY. _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Section 3. Location of Pharmacy Records (drug purchase records, inventories, etc.)

Contact Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Section 4. Public Notice – Please attach a legible copy of your public notice(s).

Section 5. Surrender of Permits

- Attach your Louisiana pharmacy permit and Louisiana CDS license (if applicable).
- Return your DEA registration to the DEA Regional Office in Metairie, La.

Signature of Pharmacist-in-Charge

Date