



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

www.pharmacy.la.gov ~ E-Mail: info@pharmacy.la.gov



Request for Change of Address for Louisiana CDS License

This form is due in our office within 10 days of the change.

Please complete form online before printing it. You may then scan and email the completed form to the email address noted above, or in the alternative, mail it to the address noted in the letterhead above.

Name of Registrant: _____

CDS License No.: _____

PREVIOUS

Practice Address

Mailing Address

Address-1: _____ Address-1: _____

Address-2: _____ Address-2: _____

City, State, ZIP: _____ City, State, ZIP: _____

Telephone: _____ Telephone: _____

Facsimile: _____ Facsimile: _____

E-mail: _____ E-mail: _____

NEW

Practice Address

Mailing Address

Address-1: _____ Address-1: _____

Address-2: _____ Address-2: _____

City, State, ZIP: _____ City, State, ZIP: _____

Telephone: _____ Telephone: _____

Facsimile: _____ Facsimile: _____

E-mail: _____ E-mail: _____

Signature: _____

Date: _____