



# Louisiana Board of Pharmacy

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## Application for Relocation of Durable Medical Equipment (DME) Permit

(Complete this application for DME providers, regardless of location.)

*Please type all entries; if printing, please do so legibly using blue or black ink. All checks or money orders for the **\$5.00** fee should be made payable to "Louisiana Board of Pharmacy." Mail this application and fee to the address noted at the top of this page. Incomplete applications shall be returned unprocessed.*

### Section 1 – Provider Information at Current Location

La. DME Permit No. \_\_\_\_\_  
Name (d/b/a) \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, Parish, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, Parish, State, ZIP \_\_\_\_\_

### Section 2 – Provider Information at New Location

Name (d/b/a) \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, Parish, State, ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, Parish, State, ZIP \_\_\_\_\_

### For Board Use Only:

Date application received: \_\_\_\_\_ Check / M.O. # \_\_\_\_\_ Amt. \_\_\_\_\_