



Louisiana Board of Pharmacy

3388 Brentwood Drive
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Application for Relocation of Durable Medical Equipment (DME) Permit

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

Please type all entries; if printing, please do so legibly using blue or black ink. This application must be uploaded to the Online Services account for the DME. You may access that account by selecting "Login" at www.pharmacy.la.gov. Incomplete applications will not be processed.

Section 1 – Provider Information at Current Location

La. DME Permit No. DME. _____

Name (d/b/a) _____

Physical Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Mailing Address _____

City, State, ZIP _____

Section 2 – Provider Information at New Location

Name (d/b/a) _____

Physical Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Mailing Address _____

City, State, ZIP _____