



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 ★ Austin, Texas 78701

512-305-9128 ★ www.pharmacy.texas.gov

FORM TO CLOSE A PHARMACY

See [Rule §291.5](#) for Closing a Pharmacy. Notification for Closing must be completed within ten (10) days of closing the pharmacy. Complete this closing form and submit with the original pharmacy license (if the original cannot be located attach a statement to that effect to this form). Failure to properly close may result in disciplinary action.

PHARMACY INFORMATION

Name of Pharmacy				Pharmacy License Number
Pharmacy Street Address	City	State	Zip	Telephone Number

CLOSING INFORMATION

Closing Date	Final Inventory Date	A final inventory must contain all controlled substances.		
Name of Pharmacy to Which Drug Inventory Transferred (or Destruction Facility)				License Number
Street Address	City	State	Zip	Telephone Number
<input type="checkbox"/> Check box if Prescription Records will transfer to same facility listed above				
Location of Prescription Drug Order Records (if different from Drug Inventory Location)				License Number
Street Address	City	State	Zip	Telephone Number
Person of Contact for Records				Telephone Number

ATTEST STATEMENTS

I hereby attest that the foregoing statements, as well as those on the reverse side of this form or those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatements(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act.

Signature - PIC, Owner, or Managing Officer of the Closing Pharmacy	Date
Type or Print Name	