



FORM DOCUMENT & CHECKLIST 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 the closing form and submit the current pharmacy license. (Must be the original license. If the original license cannot be located, attach a statement to that effect to this form.)

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 |

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