



FORM DOCUMENT & CHECKLIST TO CLOSE A PHARMACY

Do not complete this form if you are temporarily closing, changing location, or changing ownership. Contact TSBP for the proper application.

Complete this form for closing a pharmacy and/or remote license and submit to TSBP, by emailing to PhcyClosing@Pharmacy.Texas.Gov or mailing to the address listed above, within ten (10) days of closing the pharmacy. See [Rule §291.5](#) for rules regarding closing a pharmacy.

Notify Drug Enforcement Agency (DEA) of any controlled substances being transferred to another registrant as specified in [21 CFR 1301.52\(d\)](#).

PHARMACY INFORMATION

Type or Print

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

REMOTE PHARMACY INFORMATION (if applicable) Attach list of all remotes if you need additional space.

Name of Remote Pharmacy _____				Remote 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 _____
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ATTEST STATEMENTS

I hereby attest that the foregoing statements on 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 _____
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Type or Print Name _____	Title _____
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