Maryland Board of Pharmacy

4201 Patterson Avenue

Baltimore MD 21215-2299

Missing/Stolen Prescription Pad Report Form

MAR 18 2014

Board of Pharmacy

Incident Date	03/01/2014
Date Reported to Board	03/13/2014
Prescriber's Name	MOHAMMED S. KHALID, M.D
Prescriber's Specialty	NEPHROLOGY
Prescriber Contact Information	301-645-8322 (office) 301-752-1547 (cell)
Maryland County	CHARLES
Zip Code	20602

Description of Incident

→ I SELDOM PRESCRIBE SEDATIVES/NARCOTICS.
→ PRESCRIPTION WAS WRITTEN DATED 2/11/2014 WITH PATIENT'S NAME (MANDY. GILLROY)
I DO NOT HAVE A PATIENT BY THIS NAME IN MY PRACTICE. OXYCODONE ~~WAS PRESCRIBED~~ WAS WRITTEN AS PRESCRIPTION
MY ASSOCIATE IN PRACTICE ALSO HAD SIMILAR ENCOUNTER WITH SIMILAR MAILING ADDRESS OF PATIENT IN WALDORF, 20602.
SHERRIFF'S OFFICE WAS NOTIFIED 3/11/2014

PLEASE MAIL, E-MAIL OR FAX THIS FORM TO THE MD BOARD OF PHARMACY

Mail: 4201 Patterson Avenue
Baltimore, MD 21215

E-Mail: dlbdpharmmissupport_dhmh@maryland.gov

Fax: (410) 385-9512