

MARYLAND Department of Health

Wes Moore, Governor • Aruna Miller, Lt. Governor • Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299 Neil Leikach, Board President • Deena Speights-Napata, Executive Director

CLOSING INSPECTION REPORT

	Bus	eet Addresssiness Telephone Number	Business Fax Number	
	Insp	pection DateArrival Time	Departure Time	
	Pre	vious Date:		
	Nan	ne of Inspector:		
M	1 ary	land Pharmacy Permit Number	Exp	
Maryland CDS Registration Number			Exp	
DEA Registration Number			Exp	
1. T	NF	ORMATION INCLUDED IN NOTIFICA	ATION OF CLOSING: COMAR 10.34.14.02	
	No		days major to anticipated cosse to anomate data	
	Ш	A. Board of Pharmacy notified at least 14	days prior to anticipated cease to operate date	
2. I	RE(QUIRED INFORMATION AND PROCE	DURE: COMAR 10.34.14.03	
		A. Permit holder shall remove or completely cover all indications that premise was a Pharmacy within 30 days after the cease to operate date		
		B. Prescription drug suppliers notified price Location will cease to operate as a phar	or to cease to operate date and the exact date the macy	
		C. Public notified of the cease to operate da	ate.	
		D. Public notified to which location the part	tients' records have been transferred, by the	
		Date the pharmacy ceases to operate		
		E. If patient records are not transferred, the	permit holder has notified the public of:	
		1		
	2. Method by which patient records are maintained			
		3. Procedure by which patients and other	er authorized individuals may access records	
3. I	NF	ORMATION & DOCUMETATION DUI	E AT CLOSING: COMAR 10.34.14.04	
		A. Exact date pharmacy cease to operate as	s a pharmacy	
		B. Copy of closing CDS Inventory provide	<u>.</u>	

C. Maryland Pharmacy Permit returnD. Maryland CDS Registration return			
	Orders/Invoices used to transfer CDS after the cease		
Operate date	orders, invoices used to transfer CDS after the coase		
Sperate date			
F. Name, address, telephone number	, and DEA Registration number of persons or busine		
Entity to whom prescription drug			
Name			
Address			
Phone Number	DEA Registration #		
Name, address, telephone number, and I	DEA Registration number of persons or business enti		
to whom prescription files and records h			
Name	Pharmacy Permit #		
Address			
Phone Number			
pector Signature			
anna a ciat Nama (Drint)			
imacist Name (Pinit):	Data		
	Date:		
nature:			
nature: ceives a copy of this inspection report:			

410-764-4755 • Fax 410-358-6207 • Toll Free 800-542-4964 Web Site: https://health.maryland.gov/pharmacy/Pages/index.aspx