

ARKANSAS DEPARTMENT OF HEALTH
Pharmacy Services
4815 West Markham Street
Slot 25
Little Rock, AR 72205-3867

Telephone Number: (501) 661-2325

Fax Number: (501) 661-2769

REPORT OF LOSS OF CONTROLLED SUBSTANCES FORM
FOR NON DEA REGISTRANTS

NAME AND ADDRESS OF FACILITY:

Telephone number: _____ COUNTY: _____

NAME OF CONSULTANT PHARMACIST: _____ Telephone number: _____

*TYPE OF LOSS: (describe)

Date loss occurred: _____

WAS LOSS REPORTED TO THE OFFICE OF LONG TERM CARE? YES NO

Loss was also reported to: _____

*SECURITY MEASURES WHICH HAVE BEEN TAKEN TO PREVENT FUTURE LOSSES:

*LIST OF CONTROLLED SUBSTANCES LOST

QUANTITY

*LIST OF CONTROLLED SUBSTANCES LOST	QUANTITY

NAME OF PERSON FILING THIS REPORT: (PLEASE PRINT) _____

DATE OF REPORT: _____

Signature: _____

REPORT OF THEFT, LOSS OR DIVERSION SHOULD BE MADE IMMEDIATELY UPON DISCOVERY, BY TELEPHONE AT (501) 661-2325, AND THEN SUBMITTED BY FAX AT (501) 661-2769, OR BY U.S. MAIL.

*IF MORE ROOM IS NEEDED PLEASE ATTACH ANOTHER SHEET.