A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy cashier's check

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy ☐ Ownership Change

(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Partnership - Pages 1,2,5,7
☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AllyScripts

Physical Address: 201 Lonnie E. Crawford Blvd Ste B

Mailing Address: Same as above

City: Scottsboro State: AL Zip Code: 35769

Telephone (844)309-7171 Fax: (844)309-7173

Toll Free Number: (844)309-7171 (Required per NAC 639.708)

E-mail: info@allyscripts.com Website: allyscripts.com

Managing Pharmacist: Lisa D. Pierce License Number: AL 16643 applying for NV

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds ____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
		☐	☑ Mail Service Sterile Compounding **
		☐	☑ Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting

B

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH____***

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☑ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alpha-Omega Pharmacy LLC.

Physical Address: 4142 Commercial Way Spring Hill, FL 34606

Mailing Address: 4142 Commercial Way

City: Spring Hill State: Florida Zip Code: 34606

Telephone: 352-600-7950 Fax: 352-600-7955

Toll Free Number: 1-844-557-0835 (Required per NAC 639.708)

E-mail: contact@alpha-omegapharmacy.com Website: www.alpha-omegapharmacy.com

Managing Pharmacist: Don Hanna License Number: PS17531

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds ____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
		☐	☑ Mail Service Sterile Compounding **
		☐	☑ Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

94535

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy ☐ Ownership Change

(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DicotRx 1, LLC dba Boerne Drug Company

Physical Address: 725 N. Main St, Ste 2

Mailing Address: 725 N. Main St, Ste 2

City: Boerne State: TX Zip Code: 78006

Telephone: 830-331-8183 Fax: 830-428-2581

Toll Free Number: 844-641-7513 (Required per NAC 639.708)

E-mail: fax@boernedrug.com Website: WWW.boernedrug.com

Managing Pharmacist: Tiffany Richard, PIC License Number: 51373 - Tiffany Richard

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐ ☒	Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐ ☒	Parenteral **
☐	☒ Internet	☐ ☒	Parenteral (outpatient)
☐	☒ Nuclear	☐ ☒	Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒ ☒	Mail Service
☐	☒ Community	☐ ☒	Long Term Care
☐	☒ Other: _____	☐ ☒	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
		☐ ☒	Mail Service Sterile Compounding **
		☐ ☒	Other Services: _____

All boxes must be checked

For the application to be complete

** If you "check" any of these types of services, you will be required to make an

D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** ____*)*
Check box below for type of ownership and complete all required forms.

- ☐ *Publicly Traded Corporation – Pages 1,2,3,7*
- ☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
- ☐ *Partnership - Pages 1,2,5,7*
- ☒ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brookside Rx, LLC

Physical Address: 11020 A Street

Mailing Address: 11020 A Street

City: Omaha State: NE Zip Code: 109137

Telephone: 402-374-4024 Fax: 402-403-4149

Toll Free Number: 877-647-4455 (Required per NAC 639.708)

E-mail: pharmacist@brooksiderx.com Website: N/A

Managing Pharmacist: Kristi Hurley License Number: 12398

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds ____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: ____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
		☐	☑ Mail Service Sterile Compounding **
		☐	☑ Other Services: ____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

9/4/13

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy ☐ Ownership Change

(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Partnership - Pages 1,2,5,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chemistry Rx Pharmacy

Physical Address: 829 Spruce st Ste 100

Mailing Address: 829 Spruce st Ste 100

City: Philadelphia State: PA Zip Code: 19107

Telephone: 855-790-0100 Fax: 267-861-0862

Toll Free Number: 855-790-0100 (Required per NAC 639.708)

E-mail: info@chemistryrx.com Website: www.chemistryrx.com

Managing Pharmacist: Vicki Jung License Number: RP 44978

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds ____)	☐ ☒	Parenteral **
☐ ☒	Internet	☐ ☒	Parenteral (outpatient)
☐ ☒	Nuclear	☐ ☒	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☒	☐ Mail Service
☐ ☒	Community	☐ ☒	Long Term Care
☐ ☒	Other: _____	☐ ☒	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
		☐ ☒	Mail Service Sterile Compounding **
		☐ ☒	Other Services: _____

All boxes must be checked

For the application to be complete

If you check "yes" on any of these types of services, you will be **required to make an

F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*

☐ *Partnership - Pages 1,2,5,7*

☑ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HRx Pharmacy LLC

Physical Address: 4227 S Highland Dr. Ste 6

Mailing Address: 4227 S Highland Dr. Ste 6

City: Salt Lake City State: UT Zip Code: 84124

Telephone: 801-553-3426 Fax: 801-553-2540

Toll Free Number: 877.401.4317 (Required per NAC 639.708)

E-mail: cdywalker@gmail.com Website: N/A

Managing Pharmacist: Cody Walker License Number: 6450171-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑ ☐	Retail	☐ ☑	Off-site Cognitive Services
☐ ☑	Hospital (# beds ____)	☐ ☑	Parenteral **
☐ ☑	Internet	☐ ☑	Parenteral (outpatient)
☐ ☑	Nuclear	☐ ☑	Outpatient/Discharge
☐ ☑	Ambulatory Surgery Center	☑ ☐	Mail Service
☐ ☑	Community	☐ ☑	Long Term Care
☐ ☑	Other: ____	☐ ☑	Sterile Compounding **
		☐ ☑	Non Sterile Compounding
		☐ ☑	Mail Service Sterile Compounding **
		☐ ☑	Other Services: ____

All boxes must be checked

For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

G

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy ☐ Ownership Change

(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Incline Health LLC

Physical Address: 331 Tom Hunter Rd, Fort Lee, NJ 07024

Mailing Address: 331 Tom Hunter Rd, Fort Lee, NJ 07024

City: Fort Lee State: New Jersey Zip Code: 07024

Telephone: (201) 676-3838 Fax: (201) 676-3848

Toll Free Number: (844) 294-6402 (Required per NAC 639.708)

E-mail: inclinehealthLLC@gmail.com Website: N/A

Managing Pharmacist: Allison Koch License Number: 28RI03399000

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding **
		☐	☒ Other Services: _____

All boxes must be checked

For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an**

H

NEVADA STATE BOARD OF PHARMACY

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☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lumicera Health Services, LLC

Physical Address: 5350 E High Street Suite 200

Mailing Address: 5350 E High Street Suite 200

City: Phoenix State: Arizona Zip Code: 85054

Telephone: 855-847-3553 Fax: 855-547-3558

Toll Free Number: 855-847-3553 (Required per NAC 639.708)

E-mail: contact@lumicera.com Website: www.Lumicera.com

Managing Pharmacist: Peter Nielson License Number: AZ - S017245

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: Independent	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding **
		☐	☒ Other Services: ____

All boxes must be checked
For the application to be complete

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medication Review, Inc

Physical Address: 104 S. Freya St, #225 Turquoise Flag Bldg

Mailing Address: 104 S. Freya St, #225 Turquoise Flag Bldg

City: Spokane State: Washington Zip Code: 99202

Telephone: 509-343-5200 Fax: 509-343-5199

Toll Free Number: 800-236-1900 (Required per NAC 639.708)

E-mail: arodriguez@medicationreview.com Website: www.medicationreview.com

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: ~~Remote order entry~~	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☒	☐ Other Services: ~~Remote order entry~~

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

OWNER

J

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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(Please provide current license number if making changes: PH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MEDPHARMA PHARMACY PARTNERS 11, LP dba MEDPHARMA PHARMACY

Physical Address: 2600 N. STEMMONS FWY, STE 164 DALLAS, TEXAS 75207

Mailing Address: 2600 N. STEMMONS FWY, STE 164

City: DALLAS State: TEXAS Zip Code: 75207

Telephone: 469-331-8290 Fax: 469-331-8291

Toll Free Number: 855-550-0976 (Required per NAC 639.708)

E-mail: infoTX@medpharma.com Website: www.medpharma.com

Managing Pharmacist: ANGELA CHI ALVAREZ License Number: 48830

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting**

K

NEVADA STATE BOARD OF PHARMACY

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☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☒ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medi Script Pharmacy

Physical Address: 8121 Broadway Street Suite #105

Mailing Address: 8121 Broadway Street Suite #105

City: Houston State: TX Zip Code: 77061

Telephone: (713)910-3774 Fax: (713)910-3314

Toll Free Number: (877)578-0906 (Required per NAC 639.708)

E-mail: mediscriptrx@yahoo.com Website: N/A

Managing Pharmacist: Katwala Carole Kalukuta License Number: 50900

TYPE OF PHARMACY AND **SERVICES PROVIDED**

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

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