

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Licensee Record of ANY Controlled Substance Loss or Theft

NRS 453.568 Report of loss or theft of controlled substance. All loss or theft of controlled substances must be reported on forms provided by the Division to the Board and Division within 10 days after the date of discovery of the theft or loss.

You may fax this completed form to 775-850-1444, mail to the address above, or email to pharmacy@pharmacy.nv.gov.

License Information

Licensee Name: _____
License #: _____ DEA #: _____ Phone #: _____
Licensee Address: _____
City: _____ State: _____ Zip: _____

List of Controlled Substances Lost or Stolen

Name of the Controlled Substance	NDC Number	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen

Loss Information

Date of loss or theft: _____
Was a DEA-106 form completed for the loss or theft? Yes No
Has the loss or theft been reported to the Police? Yes No
Name of Police Department (if applicable): _____
Phone number of Police Department (if applicable): _____
Number of losses and thefts reported in the past 12 months: _____
Was the controlled substance lost or stolen? Lost Stolen
How was the controlled substance lost or stolen? Robbery Burglary Employee Theft Other

If "Other" please explain:

What security measures have been taken to prevent future loss or theft?

I certify that the information contained in this document is correct and accurate to the best of my knowledge.

Pharmacist/PIC Name: _____

Pharmacist/PIC Signature: _____ Date: _____