

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 985 Damonte Ranch Parkway, Ste. 206, Reno, Nevada 89521 or email to pharmacy@pharmacy.nv.gov.

License Information

Name of Licensee: _____ Phone Number: _____
 Address: _____
 Pharmacy License Number: _____ DEA Registration Number: _____

Loss Information

Date of Loss or Theft: _____
 Has the theft or loss been reported to Police? (Check One) Yes No
 Name of Police Department (if applicable): _____
 Phone number of Police Department (if applicable): _____
 Number of losses or thefts the licensee has reported within the past 12 months: _____
 Was the controlled substance lost or stolen? (Check One) Lost Stolen
 Type of Loss? (Check One) Robbery Employee Theft Customer Theft Other
 If Other please explain: _____
 Was a DEA-106 form completed for the loss or theft? (Check One) Yes No
 What security measures have been taken to prevent future loss or theft?: _____

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

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 Signed: _____