

Controlled Substance Loss Investigation

The Kentucky Board of Pharmacy requests the following additional information be submitted when a permitted or licensed facility submits a copy of a DEA 106 form reporting loss of a controlled substance. This form and a copy of the DEA 106 form may be submitted via fax at 502-696-3806 or email to pharmacy.board@ky.gov

Facility Permit #:

Facility Name:

PIC, if applicable:

Contact Person:

Title:

Other:

Phone Number:

Email Address:

Pharmacy Only:

Avg # Rx's per Day or Week:

% RX Controlled Substances:

Local Law Enforcement:

Contact Name:

Phone # or Email Address:

Type of Loss:

Description of Loss and Investigation:

