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 In | vestigation: | |

| te of Discovery: ss Discovered by: te Range of Loss: dit Conducted: te Range of Audit: List of Drugs and Streng | gths Audited |
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| List of Drugs and Streng | gths Audited |
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| anges Implemented often Less and Continued Maniteria | wa Dwo and wasse |
| anges Implemented after Loss and Continual Monitorin | ng rrocedures: |
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Name and Signature of Person Completing the Form:
I am electronically signing and verifying the information contained herein is true, and accurate.

Name and Title:

Signature: