

KENTUCKY BOARD OF PHARMACY
125 HOLMES STREET, SUITE 300
FRANKFORT KY 40601
Phone 502-564-7910 Fax 502-696-3806
Email: pharmacy.board@ky.gov

DRUG REPOSITORY PATIENT ELIGIBILITY AFFIDAVIT

I certify that I am an eligible patient for the Legend Drug Repository Program for the following reason:

- Indigent
- Uninsured
- Underinsured
- Other*

Printed Name

Date

Signature

*If other, dispensing pharmacist must provide the reason below.

Pharmacist Name

Date

Signature