

State of Nebraska
Department of Health & Human Services – Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

DELEGATED DISPENSING PERMIT
CLOSING FORM

When a dialysis center with a delegated dispensing permit anticipates closing for business, the Department must be notified in writing at least thirty (30) days before closing date.

Date _____ Date of Closing _____
Inspector: _____

Name of Dialysis Center with a Delegated Dispensing Permit:

Address: _____
(Street) (City) (Zip Code)

Name of owner _____

Consultant Pharmacist _____

Delegated Dispensing Permit Number _____

Notification to patients posted: YES NO

Inventory Procedure Completed: YES NO

Disposition of Stock:

Please explain how the disposition of stock will occur, including the name, address, and license number of any facility receiving stock. _____

Location of patient records, including prescription files. _____

_____ OR _____
Dialysis Center Director Consulting Pharmacist

Date: _____ Date: _____

Delegated Dispensing Permit Null and Void _____ (Date) (Initials)
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