

MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY
239 Causeway Street, 5th Floor
Boston, MA 02114
(617) 973-0960

pharmacy.admin@massmail.state.ma.us

Change of Pharmacy Hours

Name of Pharmacy _____ License No. _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Tel. No. _____ Fax No. _____

Pharmacy E-mail _____

Days	Open	Close	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total hours per week			

Please describe how a patient may contact a pharmacist for questions or refill their prescription when the pharmacy is closed.

Signature of Manager of Record or Duly Authorized Representative

Date

Print Full Name

Name of Pharmacy: _____

Revised: 7/14/20