

The Commonwealth of Massachusetts  
Department of Public Health  
Bureau of Health Professions Licensure  
**Board of Registration in Pharmacy**  
239 Causeway Street, Suite 500, 5<sup>th</sup> Floor  
Boston, MA 02114  
(800) 414-0168 (office) / 617-973-0983 (fax)  
<http://www.mass.gov/dph/boards/ph>

# Pharmacy Initial Closing Notice

To be submitted at least 14 days prior to closing

Name of Pharmacy:	License No:
Address of Pharmacy:	City:
Manager of Record:	MOR License No.
Telephone Number:	Email:
Anticipate Closing Date:	
Intended procedures for closing the pharmacy, including customer notification:	
Receiving Pharmacy: (name, address, phone number)	Receiving Pharmacy License No.
Manager of Record of the Receiving Pharmacy	Licensed No.

The Commonwealth of Massachusetts  
Department of Public Health  
Bureau of Health Professions Licensure  
**Board of Registration in Pharmacy**  
239 Causeway Street, Suite 500, 5<sup>th</sup> Floor  
Boston, MA 02114  
(800) 414-0168 (office) / 617-973-0983 (fax)  
<http://www.mass.gov/dph/boards/ph>

# Pharmacy Final Closing Notice

**This form is to be submitted within 10 days of closing**

**Please enclosed your license cards with this form**

Name of Pharmacy:	License No:
Address of Pharmacy:	City:
Manager of Record:	MOR License No.
Telephone Number:	Email:
Actual Closing Date:	
Receiving Pharmacy: (name, address, phone number)	Receiving Pharmacy License No.
Date transfer took place:	
Manager of Record of the Receiving Pharmacy	Licensed No.
I attest that all controlled substances have been transferred or disposed of in accordance with federal regulations.	
MOR Name: _____	
MOR Signature _____	Date _____