## Arkansas Department of Health Pharmacy Services 4815 West Markham, Slot H-25 Little Rock, AR 72205-3867

Telephone Number: (501) 661-2325

Fax Number: (501) 661-2769

## REPORT OF LOSS OF CONTROLLED SUBSTANCES FORM FOR NON DEA REGISTRANTS

NAME AND ADDRESS OF FACILITY:	Telephone Number: COUNTY:
NAME OF CONSULTANT PHARMACIST:	Telephone Number:
*TYPE OF LOSS: (describe)	Date loss occurred:
WAS LOSS REPORTED TO THE OFFICE OF LONG	G TERM CARE? YES NO
Loss was also reported to:	
*LIST OF CONTROLLED S	UBSTANCES LOST QUANTITY
NAME OF PERSON FILING THIS REPORT: (PI	(EASE PRINT)
DATE OF REPORT:	Signature:
DATE OF REPORT:REPORT OF THEFT, LOSS OR DIVERS	

\*IF MORE ROOM IS NEEDED PLEASE ATTACH ANOTHER SHEET.

PHA-21 (revised 9/09/05) CF-theft/loss report form