



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV387 - Dispensing Practitioners**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Basic License Data - PSD

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Dispensing Practitioner Requirements

Practitioner properly registered with the board. [465.0276(2)(a), F.S.]	
Dispensing area clean and safe. [64B16-28.102(4), F.A.C.]	
Generic drug sign displayed. [465.025(7), F.S.] [64B8-8.011(3)(b)10, F.A.C.]	
Stock medications appropriately labeled for dispensing from a licensed manufacturer. [499.007(2), F.S.]	
Medications purchased from a Florida licensed wholesaler/distributor. [499.005(14), F.S.]	
Outdated medications removed from stock. [64B16-28.110, F.A.C.]	
Medications requiring refrigeration appropriately stored. [64B16-28.102(3), F.A.C.]	
Medications dispensed being placed in childproof container. [16CFR 1700.14] [64B8-8.011(3)(b)16., F.A.C.]	
Medication labels properly completed for dispensing. [893.04(1)(e), F.S.] [64B16-28.108, F.A.C.]	
Practitioner providing a written prescription for medication to be dispensed. [465.0276(2)(c), F.S.]	
Practitioner advising prescription may be filled on premise or at any pharmacy. [465.0276(2)(c), F.S.]	
Practitioner uses counterfeit-resistant prescription blanks for all controlled substances. [893.065, F.S.]	
Prescriptions are written with the quantity of the drug prescribed in both textual and numerical formats and must be dated with the abbreviated month written out on the face of the prescription. [456.42(1)(2), F.S.]	
Label affixed to each container dispensed to a patient shall include expiration date. [64B16-28.108(2)(h), F.A.C.]	
Practitioner is present when dispensing occurs. [64B16-27.1001, F.A.C.]	
Practitioner is personally certifying (checking) filled prescription for accuracy prior to patient receiving. [64B16-27.1001, F.A.C.]	
A verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	
Patient record contains medical history required for counseling. [64B16-27.800, F.A.C.]	
Daily hard copy printout or log of all prescriptions is dated/signed by each practitioner if computer system utilized.[64B16-28.140(3)(d)(e), F.A.C.]	
Pedigree records retrievable. [64F-12.012 (3)(a)2.,(d), F.A.C.]	

Dispensing Controlled Substances

Dispensing of controlled substances is in compliance with [465.0276, F.S.].	
Dispensing of schedule II or III controlled substances is being performed pursuant to exemptions under [465.0276(1)(b), F.S.].	
Practitioner is reporting to the PDMP within 7 days of dispensing controlled substances. [893.055(4), F.S.]	
Controlled substances securely maintained and stored in a locked cabinet. [21CFR 1301.75]	
Controlled substance prescriptions signed and dated by practitioner. [893.04(1)(b), F.S.]	
Controlled substance prescriptions provide patient's name and address. [893.04(1)(c) 1., F.S.]	
Controlled substance prescriptions provide practitioner's name/address and DEA number. [893.04(1)(c) 2., F.S.]	
Controlled substance prescription refills signed and dated by practitioner. [893.04(1)(b), F.S.]	
Controlled substance prescriptions properly maintained. [893.04, FS] [893.07, F.S.]	
Controlled substance purchase records properly maintained. [893.07, F.S.]	
Controlled substance records readily retrievable. [893.07(4)(b), F.S.] [21CFR 1304.04]	

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Practitioner to provide a printout of controlled substances dispensed over the past 6 months, to include, but not limited to: patient's name, address, name of medication, and quantity dispensed. [893.07(3)(a)(b)(c), F.S.]	
Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]	
DEA 222 forms properly completed. [893.07(2), F.S.] [21CFR 1305.09]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature:

Representative:

Date:

Date: