



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



File #  
Insp #

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

**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Outdated medications removed from stock.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 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 or electronic prescription for medication to be dispensed. [465.0276(2)(c), F.S.]	
Practitioner offers that the prescription may be filled on premise or at any pharmacy of the patient's choice. [465.0276(2)(c), F.S.]	
Practitioner uses counterfeit-resistant prescription blanks for all controlled substances. [893.065, F.S.] [456.42(2), 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.] [465.0276, F.S.]	
Practitioner is personally certifying (checking) filled prescription for accuracy prior to patient receiving. [64B16-27.1001(2)(c)(3), F.A.C.] [465.0276, F.S.]	
Patient records are maintained for prescriptions dispensed. [64B16-27.800, F.A.C.] [64B16-27.851, F.A.C.] [64B16-28.140, F.A.C.] [465.0276, F.S.]	
Daily written or electronic printout or log of all prescriptions dispensed or refilled. [64B16-28.140(3)(d)(e), F.A.C.] [465.0276, F.S.]	

**Dispensing Controlled Substances**

Dispensing of controlled substances is in compliance with Section 465.0276, F.S.	
Dispensing of schedule II or III controlled substances is being performed pursuant to exemptions under Section 465.0276(1)(b), F.S.	
Practitioner is reporting to the PDMP within 24 hours of dispensing controlled substances. [893.055(3), F.S.]	
Controlled substances securely maintained and stored in a locked cabinet. [21CFR 1301.75]	
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 prescriptions signed and dated by practitioner. [893.04(1)(b), F.S.]	
Controlled substance prescriptions properly maintained for four years. [64B16-28.140 (d), F.A.C] [893.04(1)(d), F.S.] [465.022(12) (a) 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]	
Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]	
DEA 222 forms or CSOS properly completed. [893.07(2), F.S.] [21 CFR 1305.12] [21CFR 1305.21]	
Schedule II controlled substance prescriptions for the treatment of acute pain do not exceed the 3-day supply or up to 7-day supply if the words "ACUTE PAIN EXCEPTION" are written on the prescription. [456.44(5)(a) F.S]	

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Schedule II controlled substance prescriptions for the treatment of pain other than acute pain (3 days) or acute pain exception (7 days) indicate "NONACUTE PAIN" on the prescription. [456.44(5)(b) F.S.]	
Schedule III controlled substance prescriptions in connection with the performance of a surgical procedure do not exceed a 14-day supply. [465.0276(1)(b)3., F.S.]	

**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.

Inspector Signature

Representative:

Date:

Date: