



**State of Kansas
Board of Pharmacy**

TRANSFER OF CONTROLLED SUBSTANCES
SCHEDULES III, IV & V ONLY

DATE OF TRANSFER

RECEIVING REGISTRANT'S INFORMATION		SUPPLYING REGISTRANT'S INFORMATION	
NAME		NAME	
ADDRESS		ADDRESS	
DEA #		DEA #	
BNDD #		BNDD #	

DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY OF DOSAGE UNITS	COMMENTS

SIGNATURE OF RECEIVER	SIGNATURE OF SUPPLIER
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