



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

INSPECTION:
Addiction or Treatment Center
Form I-02ATC

- C N/I N/C U N/A Brand name or generic name of the drug
- C N/I N/C U N/A Name of manufacturer or distributor
- C N/I N/C U N/A Strength of drug
- C N/I N/C U N/A Quantity dispensed
- C N/I N/C U N/A Auxiliary labels if needed
- C N/I N/C U N/A Child proof packaging—FDA Poison Prevention Packaging Act

COMMENTS

Self-Inspection