Kansas	**STATE BOARD OF PHARMACY** 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056 pharmacy@ks.gov Fax (785) 296-8420	**Transfer of Controlled Substances Schedules III, IV & V** Form C-200

DATE OF TRANSFER

RECEIVING FACILITY INFORMATION

FACILITY NAME	**FACILITY REGISTRATION NUMBER**
ADDRESS	
CITY	**STATE**
ZIP CODE	**DEA #**

SUPPLYING FACILITY INFORMATION

FACILITY NAME	**FACILITY REGISTRATION NUMBER**
ADDRESS	
CITY	**STATE**
ZIP CODE	**DEA #**

DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY OF DOSAGE UNITS	COMMENTS

(utilize additional sheets as needed)

RECEIVER CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE _____ DATE SIGNED _____

SUPPLIER CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE _____ DATE SIGNED _____

Revised 04/2023