

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					
ADDRESS			07475		
CITY			STATE DEATH		
ZIP CODE DEA #					
DRUG NAME	STRENGTH	TRENGTH DOSAGE FORM		QUANTITY OF DOSAGE UNITS	LOT NUMBER
(utilize additional sheets as needed)				<u> </u>	
RECEIVER CERTIFICATION					
The information contained in this form is true, correc	ct, and complete to the	best	of my knowledge.		
SIGNATURE				DATE SIGNED	
SUPPLIER CERTIFICATION					
The information contained in this form is true, correct	ct, and complete to the	best	of my knowledge.		
SIGNATURE				 Date signed	
DUNATURE				DATE SIGNED	

Page 1 of 1 Revised 10/2024