



TENNESSEE
BOARD OF PHARMACY
DEPARTMENT OF HEALTH
227 FRENCH LANDING, SUITE 300
NASHVILLE, TENNESSEE 37243
(615) 741-2718 OR FAX (615) 741-2722
<http://health.state.tn.us/Boards/Pharmacy/>

Manifest For Transferred Medications

I. INSTITUTIONAL FACILITY

Name: _____ Pharmacy License Number: _____
Address: _____

CONSULTANT PHARMACIST

Name: _____ Pharmacist License Number: _____
Signature: _____ Date Completed: _____

DIRECTOR OF INSTITUTIONAL FACILITY (OR DESIGNEE)

Name: _____
Signature: _____

II. CHARITABLE CLINIC PHARMACY

Name: _____ Pharmacy License Number: _____
Address: _____

RECEIVING PHARMACIST

Name: _____ Pharmacist License Number: _____
Signature: _____ Date Received: _____

III.	<u>DRUG NAME/STRENGTH</u>	<u>QUANTITY</u>	<u>EXPIRATION DATE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____