

COMPOUNDING STATISTICAL REPORT

This report is required to be filed with the Mississippi Board of Pharmacy no later than January 31st of each year for every pharmacy that has a compounding certificate. Failure to file this report may result in disciplinary action including the revocation of the compounding certificate.

Date: _____

Mississippi Permit Number _____

Name as it appears on the Permit _____

Address: _____

Pharmacist-in-Charge _____

Total Number of Sterile Compounded Prescriptions Dispensed for the Prior Year:

Total _____

Total Number of Sterile Compounded Prescriptions Dispensed to Out-of-State Patients for the Prior Year:

Total _____

(For Non-Resident Pharmacies)

Total Number of Sterile Compounded Prescriptions Dispensed to Mississippi Patients for the Prior Year:

Total _____

List each State in which the pharmacy is licensed/permitted and provide the license/permit #:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please provide # of Sterile Compounded Prescriptions Dispensed in Prior Year to each State:

AK _____	KY _____	NY _____
AL _____	LA _____	OH _____
AR _____	MA _____	OK _____
AZ _____	MD _____	OR _____
CA _____	ME _____	PA _____
CO _____	MI _____	RI _____
CT _____	MN _____	SC _____
DC _____	MO _____	SD _____
DE _____	MS _____	TN _____
FL _____	MT _____	TX _____
GA _____	NC _____	UT _____
HI _____	ND _____	VA _____
IA _____	NE _____	VT _____
ID _____	NH _____	WA _____
IL _____	NJ _____	WI _____
IN _____	NM _____	WV _____
KS _____	NV _____	WY _____

What is the date of your last sterile compounding inspection: _____
(Please provide a copy of the inspection report)

Pharmacist-in-Charge Signature

Date