

## COMPOUNDING STATISTICAL REPORT

This report is required to be filed with the Mississippi Board of Pharmacy no later than January 31<sup>st</sup> 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/permited 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: \_\_\_\_\_

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Pharmacist-in-Charge Signature

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Date