

TENNESSEE DEPARTMENT OF HEALTH TENNESSEE BOARD OF PHARMACY

Controlled Substance Monitoring Database Administrator 665 Mainstream Dr. Nashville, TN 37243 (615) 253-1305 OR FAX (615) 253-8782

DISPENSER EXEMPTION OR WAIVER REQUEST

Please provide the information requested below. (Print or Type)

| Please provide the information requested below. (Print or Type | · |
|---|---|
| Name of Dispenser/Pharmacy: | Dispenser Tennessee Regulatory Board License Number: |
| DEA Registration Number: | Dispenser or Pharmacist In Charge Email Address: |
| Street Address: | City: |
| State: Zip: | Telephone Number: () |
| Name of Pharmacist in Charge: | Pharmacist in Charge TN License Number: |
| Signature: | Date: |
| prescription by a practitioner to be filled at a pharmac Request for exemption from reporting: | |
| ☐ This dispenser does not hold a controlled substance registrati | on with the Drug Enforcement Administration (DEA). |
| ☐ This dispenser holds a DEA Registration but does not dispensely law and rule to the Tennessee Controlled Substance Data | se any controlled substances. The dispenser agrees to report as required base if any dispensing occurs. |
| \square This dispenser is exempt from reporting according to T.C.A. 5 | 3-10-304(d) (Not required to report by alternate means) |
| □ Drug is administered directly to an inpatient | |
| ☐ Drug is dispensed by a licensed healthcare facility d | spensing an amount to treat for 48 hours maximum |
| ☐ Dispensing drug samples | |
| □ Dispensing in a narcotic treatment program | |
| Request for waiver of electronic reporting: | |
| | |
| Electronic reporting would cause undue hardship (attach explanation). (Must report by alternate means) Please attempt to register and login to report manually prior to this request by going to www torreport com | |

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