Government of **Western Australia**
Department of **Health**

Closing a pharmacy business

Note: This form is not applicable where a pharmacy is relocating to a new location.

1. Pharmacy details

Name: Telephone:

Address:

Suburb: Postcode:

Planned date of pharmacy closure:

2. Contact details for pharmacy owner (individual, partnership or proprietary owner) after closure

Name:
(Individual owner or nominated person to contact where partnership or proprietary owner)

Phone/Mobile:

Email address:

3. Storage location of Schedule 4 and Schedule 8 records

This includes original dispensed prescriptions and repeats, any electronic copies of prescriptions, electronic or hard copy dispensing records, copies of stock orders and invoices and Schedule 8 registers

Address:

Suburb: Postcode:

4. Transfer location of Schedule 4 and Schedule 8 medicines

Will the pharmacy that is closing be transferring any stock to another pharmacy? Yes ☐ No ☐

Note: routine transfer of scheduled medicines between pharmacies is not allowed.

If **yes**, complete details for the receiving pharmacy below.

Pharmacy name:

Address:

Suburb: Postcode:

If **no**, describe how any remaining stock of scheduled medicines will be safely disposed of when the pharmacy closes:

5. List of Schedule 8 medicines transferred

Complete this section if the closing pharmacy will be transferring Schedule 8 medicines to another pharmacy.

Name of medicine	Strength	Form	Quantity

If there is insufficient space, please attach extra pages to this form.

6. Details of pharmacist with overall responsibility at time of closure

Name:

AHPRA registration number:

Phone/Mobile:

Email address:

Signature: Date:

7. Checklist

- ☐ Arranged transfer of any remaining repeats for Schedule 8 medicines to another pharmacy.
- ☐ Submitted a final Schedule 8 and CPOP report to the Department for the period from the last monthly report to the date of closure, as well as any previous outstanding reports.
- ☐ Advised the Pharmacy Registration Board of Western Australia of the intention to close at least 14 days before the planned date of closure.
- ☐ Advised the Community Pharmacotherapy Program of the intention to close at least one month prior to closure (for pharmacies authorised to dispense opioid substitution therapy only)
- ☐ Notified other local healthcare providers and pharmacies in nearby towns of the impending closure (for rural pharmacies only).