

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF NARCOTICS AND DANGEROUS DRUGS

TRANSFER OF CONTROLLED SUBSTANCES SCHEDULES III, IV & V ONLY

| DATE OF TRANSFER |
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| 49 CC C X X | | | 1 | | |
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| RECEIVING REGISTRANT'S | INFORMATION | | SUPPLYING REGISTRANT'S INFORMATION | | |
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
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| | | | | | |
| DEA# | | | DEA# | | |
| BNDD # | | | BNDD# | | |
| DRUG NAME | STRENGTH | DOSAGE FORM | QUANTITY OF DOSAGE UNITS | COMMENTS | |
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| SIGNATURE OF RECEIVER | | | SIGNATURE OF SUPPLIER | | |
| MO 580-2765 (5-05) | | | | | |