

Complete the information listed below, make a copy for your records, and mail the original to:

**New York State Department of Health
Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957, option 1**

Name: _____ License Number: _____
Address: _____ DEA Number: _____

Telephone: _____

Serial Numbers of Missing Prescriptions: _____

Prescriptions were: _____ Lost _____ Stolen _____ Missing

Name and address of Police Authority loss has been reported to: _____

Circumstances regarding the loss: _____

Date of loss: _____

Security measures taken to prevent future losses: _____

**IMMEDIATELY NOTIFY THIS OFFICE IF YOU SUBSEQUENTLY LOCATE THE
PRESCRIPTIONS REPORTED MISSING. FAILURE TO NOTIFY THE BUREAU OF NARCOTIC
ENFORCEMENT MAY RESULT IN MAJOR INCONVENIENCE TO YOUR PATIENTS.**

Signature

Date

Print Name and Title

NOTE: False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.