Notice of Withdrawal

Completion of this form meets the notification requirement for withdrawal from the prescription drug donation repository program under Iowa Administrative Code 641—190.3. Complete and submit this form to the following address. Questions about completing this form may be directed to 1-866-282-5817.

Iowa Prescription Drug Program
11100 Aurora Ave
Building 13
Urbandale, IA 50322
OR FAX TO
(515) 327-5422

Notice of Withdrawal
Pharmacy or Medical Facility

Name — Pharmacy or Medical Facility		**Telephone Number**
Address		
City	**State**	**Zip Code**
Iowa License/Registration Number		

As of (enter date) _____, the pharmacy or medical facility identified above, will no longer be participating in the Prescription Drug Donation Repository Program

Signature — Pharmacist, Physician, Nurse Practitioner, Program Manager **Date**

Revised 1/3/2008