



TENNESSEE  
BOARD OF PHARMACY  
DEPARTMENT OF HEALTH  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243  
(615) 741-2718 OR FAX (615) 741-2722  
<http://health.state.tn.us/Boards/Pharmacy/>

**Manifest For Transferred Medications**

**I. INSTITUTIONAL FACILITY**

Name: \_\_\_\_\_ Pharmacy License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**CONSULTANT PHARMACIST**

Name: \_\_\_\_\_ Pharmacist License Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**DIRECTOR OF INSTITUTIONAL FACILITY (OR DESIGNEE)**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**II. CHARITABLE CLINIC PHARMACY**

Name: \_\_\_\_\_ Pharmacy License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**RECEIVING PHARMACIST**

Name: \_\_\_\_\_ Pharmacist License Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**III. DRUG NAME/STRENGTH                      QUANTITY                      EXPIRATION DATE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_