

## Controlled Substance Pharmacy Questionnaire

**Dear Customer:** The DEA requires Spectrum to obtain and review the following information prior to releasing your order for controlled substances. Please expedite your order by fully completing and promptly returning this form. Information you provide herein remains valid for the release of controlled substances for one year.

### PART ONE –BUSINESS INFORMATION

<b>COMPANY NAME</b> _____ <b>CUSTOMER #</b> _____ <b>ADDRESS 1</b> _____ <b>ADDRESS 2</b> _____ <b>CITY, STATE, ZIP</b> _____ <b>WEBSITE</b> _____	<b>DEA NUMBER:</b> _____ <b>STATE BOARD LIC. #:</b> _____ <b>CONTACT PERSON</b> _____ <b>Email</b> _____ <b>TELEPHONE</b> _____ <b>FAX</b> _____
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- 1.1 Please select all that apply to your pharmacy: ☐ Independent ☐ Clinic ☐ Hospital ☐ Central Fill ☐ 503(b)  
☐ Pain Management ☐ Veterinarian ☐ Other (please describe): \_\_\_\_\_
- 1.2 Approximately what percentage of your pharmacy's business involves dispensing controlled substances? \_\_\_\_\_ %
- 1.3 Does your pharmacy ship controlled substances to other states? ☐ YES ☐ NO
- 1.4 If YES in response to question 1.3 above, is your pharmacy in compliance with the controlled substance laws of the other states to which you ship controlled substances? ☐ YES ☐ NO
- 1.5 Has any previous registration under the Controlled Substances Act (state or federal) held by any officer or owner ever been surrendered, revoked, suspended, denied, or is such an action pending? ☐ YES ☐ NO  
 If "yes", please attach a separate page explaining the circumstances of such action.
- 1.6 Have any of the officers, owners or pharmacists ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, or dispensing of controlled substances? ☐ YES ☐ NO  
 If "yes", please attach a separate page explaining the circumstances of such conviction.
- 1.7 Is your Pharmacy classified as an "online pharmacy" as defined by the Ryan Haight Act? ☐ YES ☐ NO
- 1.8 If YES in response to question 1.7 above, have you obtained a modified DEA Registration which authorizes online dispensing of controlled substances? ☐ YES ☐ NO

### COMPANY OFFICIAL (Owner, Officer, Pharmacist):

**I make these representations for the purpose of obtaining controlled substances. I certify that all the information I have provided above is true, complete, and correct, and that the business named above operates in compliance with all applicable federal and state regulations. I further certify that I am authorized to make these representations on behalf of the organization named above.**

\_\_\_\_\_  
NAME (print)

\_\_\_\_\_  
TITLE (print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**By e-mail:** Scan and submit signed form to [compliance@spectrumchemical.com](mailto:compliance@spectrumchemical.com)

**By FAX:** Send all pages to (310) 516-2014