



Washington State Department of
Health
 Pharmacy Quality Assurance
 Commission
 PO Box 47874
 Olympia, WA 98504-7874
 360-236-4817

Remote Dispensing Site for Opioid Use Disorder Medication Form

This form must be submitted by pharmacies using Remote Dispensing Sites for Opioid Use Disorder Medication.

[Remote Dispensing Site Policy Statement](#)

Pharmacy Information:

- List the name, credential number, email, address, and phone number of the pharmacy that has location(s) where Remote Dispensing Sites for Opioid Use Disorder Medication are serviced or managed.

Contact Person:

- List the name and email address of the contact person of the pharmacy listed.

Location of Remote Dispensing Site

- List the name, physical address of the building or facility.
- List device serial number and name/model type [additional devices can be reported on separate page(s)]

Please print and mail this form to the address listed above.

Pharmacy Information			
Pharmacy Name		Credential Number	
Pharmacy Email Address			
Pharmacy Address		Pharmacy Phone (enter 10 digit number)	
City	State	Zip Code	
Name of Responsible Pharmacy Manager		Credential Number	
Responsible Pharmacy Manager Signature		Date	
Alternate Pharmacy Contact			
Name			
Title			
Email Address			

Location of Remote Dispensing Site

Facility Name	Credential Number (if applicable)
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Preferred Facility Email Address

Name of Preferred Contact at Remote Dispensing Site

Physical Address

City	State	Zip Code
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Device Serial Number	Device Type
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Does this remote dispensing site location have controlled substance?

- Yes, provide registration number: _____
- No