



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

*Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor –
Van T. Mitchell, Secretary*

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Mitra Gavani, Board President – Deena Speights-Napata, Executive Director

REQUEST FOR ROSTER FORM – Printed Labels

The Maryland Board of Pharmacy provides basic information to consumers regarding licensees, permit holders and registrants as part of the Public Information Act. Use this form to request a printed roster of information from the Board of Pharmacy. Please type or print clearly.

\$150.00 FEE ENCLOSED FOR PRINTED ROSTER (3 LABEL ACROSS).

PLEASE MAKE CHECKS PAYABLE TO THE MARYLAND BOARD OF PHARMACY

Today's Date: ____/____/____

Name of Requestor: _____

Company Name: _____

Address: _____

Website: _____

Telephone / Fax: _____

Email: _____

Purpose: (state how this information will be used): _____

Roster Format: Check all roster lists requested:

Pharmacists Pharmacy Technicians Pharmacies Distributors

Maryland Only Maryland Counties (specify) _____

Maryland including Out of State

Specific zip codes (Specify) _____

Other information (Specify) _____

Note: The general roster information will include Names, Business Address and Business Telephone in electronic format.

Mail your completed form to: **Maryland Board of Pharmacy, PO Box 2051, Baltimore, MD 21203-2051**

NOTE: Applications sent **overnight or through priority mail** should be addressed and sent to:
First Data /Remitco, Attn: Maryland Board of Pharmacy / LOCKBOX #2051, 400 White Clay Center Drive, Newark, DE 19711