



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCE PRESCRIPTIONS

BNE 1178 (2/05)

Complete this form and forward to the **CURES Program** at P.O. Box 160447 Sacramento, California 95816

Name and Address (include ZIP Code)		Phone No. (Include Area Code)											
Date of Theft or Loss		Method of Reporting <input type="checkbox"/> Phone <input type="checkbox"/> Mail In <input type="checkbox"/> Boards											
DEA Registration Number 2 Ltr. Prefix 7 Digit Suffix <table style="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>											Principal Business <input type="checkbox"/> Pharmacy <input type="checkbox"/> Practitioner <input type="checkbox"/> Manufacturer <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Other (Specify) _____ _____	County in Which Loss Occurred	
Name of Carrier		Was Theft Reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No Report #											
Name of Consignee Consignee's DEA Registration Number		Number of Thefts or Losses Experienced in the Past 24 Months											
Was the Package Received by the Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Received, Did It Appear to be Tampered With? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Theft or Loss (check one and complete items below as appropriate) <input type="checkbox"/> Night Break-in <input type="checkbox"/> Employee <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Customer Theft <input type="checkbox"/> Lost in Transit <input type="checkbox"/> Other (Explain) _____ _____ _____											
Have You Experienced Losses in Transit from This Same Carrier in the Past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many?) _____		What Security Measures Have Been Taken to Prevent Future Thefts or Losses? 											

Report By:

Comments:

Report Taken By:

FOR OFFICAL USE ONLY

Reviewed **CURES** 30 Days _____
Date

60 Days _____
Date