

June xx, 2020

XXXXXX Pharmacy
899 North Capitol St NE
Washington, DC 20002

Dear Pharmacist-in-Charge (or Pharmacist-on-Duty),

Your pharmacy was selected to complete a remote controlled substance (CS) audit. Please review the attached demographic report with the select CS audit drugs. The leading page of the report provides detailed instructions on how to complete the report. To limit errors, complete the report before opening or after closing the pharmacy and email back the report to the issuing pharmacist inspector. After completion of the report, a follow-up email will be sent to request additional details (the process will vary depending on the type of pharmacy). These details include drug utilization sales reports, reverse distribution reports for audited drugs, and total purchased drugs report.

Upon receipt, please confirm receipt of this fax/email. Additionally, if you have any questions please call (xxx-xxx-xxxx) or email (xxxxxxx@dc.gov).

Sincerely,

FName LName, RPh
Pharmacist Inspector
Pharmaceutical Control Division
899 North Capitol Street NE
2nd Floor
Washington, D.C. 20002