



Dental Dispensing Registration

Board of Dentistry
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasDentistry.gov
Email: MQA.Dentistry@FLHealth.gov
Phone: 850-245-4474
Fax: 850-921-5389

Important Florida Statutes and Rules for Dispensing

Below is a list of Florida laws and rules relevant to dispensing.

Florida Statutes	Florida Administrative Code
456.035	64B5-7.009
456.42	64B5-13.005
456.069	
465.185	
465.0276	
466.017	
499.005	
499.007	
499.028	
499.0054	
893.04	
893.07	

Review Florida Statutes at [Leg.State.FL.US/Statutes](https://leg.state.fl.us/Statutes).

Review Florida Administrative Code at [FLRules.org/Gateway/Division.asp?DivID=328](https://flrules.org/Gateway/Division.asp?DivID=328).



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Do Not Write in this Space
For Revenue Receiving Only

Practitioners may not begin dispensing until this registration has been approved. A dispensing practitioner shall not dispense a controlled substance listed in Schedule II or III as provided in section 893.03, Florida Statutes, unless exempted from this section by section 465.0276, Florida Statutes.

Dispensing is defined as the transfer of possession of medicinal drugs from a physician to a patient in the office. A practitioner who writes prescriptions or provides medicinal drugs labeled as "drug sample" or "complimentary drug" is not a "dispensing practitioner," and therefore does not need to register with the department.

Dispensing Fee (non-refundable) \$100.00 An annual inspection of your dispensing records will be conducted.

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health.

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Florida License Number: DN _____

Primary Practice Location: (Medicinal drugs will be dispensed at the following locations: (attach additional sheets if needed))

Facility Name _____

Street _____ Suite No. City _____

State _____ ZIP _____ Telephone _____

Secondary Practice Location: Medicinal drugs will also be dispensed at the following locations: (attach additional sheets if needed)

Facility Name _____

Street _____ Suite No. City _____

State _____ ZIP _____ Telephone _____

Attach additional sheets if you practice at more than two locations.

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from the provided practice location(s) and understand that an annual inspection of dispensing records will be conducted.

Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____

MM/DD/YYYY



Dental Dispensing Registration - Address Update

Board of Dentistry
4052 Bald Cypress Way, Bin C-04
Tallahassee, FL 32399-3258
Fax: 850-921-5389
Email: MQA.Dentistry@FLHealth.gov



Adding / Deleting Dispensing Locations

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Florida License Number: DN _____

Primary Practice Location: Add Delete

Facility Name _____

Street _____ Suite No. City _____

State _____ ZIP _____ Telephone _____

Secondary Practice Location: Add Delete

Facility Name _____

Street _____ Suite No. City _____

State _____ ZIP _____ Telephone _____

Attach additional sheets if necessary.

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from the provided practice location(s) and understand that an annual inspection of dispensing records will be conducted.

Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____
MM/DD/YYYY

