

## Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

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## **VERIFY LICENSE**

Facility Name	License Number#	License Status	License Expiration Date	City	State	Discipline	Action
DESERT INN MEDICAL CENTER	DS00025-CS	Active	10/31/2024	LAS VEGAS	NV	N	

License Number: DS00025-CS

Name: DESERT INN MEDICAL CENTER

License Type: Dispensing Site

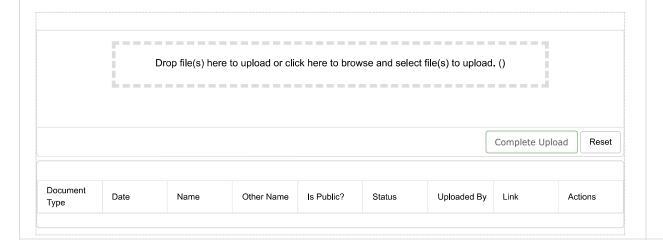
License Status: Active

**License Date:** 12/08/2022

Discipline: None

Expiration Date: 10/31/2024





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