

North Dakota State Board of Pharmacy

Prescription Drug Monitoring Program

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Missing Prescription Form

Instructions: This form is to be filled out when there are missing prescriptions from the Prescription Drug Monitoring Program's database. **Please fill out all required fields (*)**. You may fax, mail, or e-mail to the Board of Pharmacy's office or submit online at the Board of Pharmacy's website under the Prescription Drug Monitoring Program.

Information of Person Completing Form

*Name: _____

Location: _____

*Phone Number or Email: _____

Patient & Prescription Information

*Name: _____ *Date of Birth: _____

AKA (if any): _____

*Date Dispensed: _____ Rx Number: _____

*Drug Name & Strength: _____

Dispensing Pharmacy Information

*Name: _____

*Address: _____

Phone Number: _____

For Office Use Only

Date Received: _____

Initial Contact Person and Date: _____

Notes: