

Instructions:

1. Complete all fields. Incomplete requests will be shredded.
2. The law enforcement agent making the request must sign the request. **STAMPED SIGNATURES ARE NOT ACCEPTED.**
3. Fax or mail this form to NDPDMP, Board of Pharmacy's office at : **(701) 328-9536**

Mailing Address: ND State Board of Pharmacy
 Attn: PDMP
 1906 E. Broadway Ave.; PO Box 1354
 Bismarck, ND 58502-1354

4. Please call the board's office if you have any questions regarding the prescription drug monitoring program. (701) 328-9537
5. This form is for **OUT-OF-STATE Requests**, all in-state law enforcement officials can register for an online account at <https://northdakota.pmpaware.net>

Out-of-State Profile Request -Law Enforcement

North Dakota Prescription Drug Monitoring Program (NDPDMP)
North Dakota Board of Pharmacy
Patient Profile Request For Controlled Substance Prescription Information

Contacts:

Mark Hardy, PharmD, Executive Director ND Board of Pharmacy: mhardy@btinet.net
 Kathy R. Zahn, Program Administrator, PDMP: pdmp@nd.gov

Patient's Information

Name: _____ AKA (if any): _____
First, Middle, Last Circle

Date of Birth: _____ Date Range: 1 year, 2 years, 3 years
OR Custom

City, State, Zip: _____ Date Range: _____

Purpose/Type of Investigation

Forged Prescription Investigation Suspected Drug Diversion Suspected Doctor Shopper

Stolen Prescription Investigation Other: _____

Law Enforcement Officials Information

Name: _____
First, Last, Title

Agency Name: _____ *Case No.: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email Address: _____

Fax: _____ **MAIL RESPONSE**

This is the preferred method of return until we have a secure email system.

CHECK THE BOX IF YOU WOULD LIKE THE PROFILE MAILED TO YOU, NOT FAXED

By signing this form, you confirm that you have an open investigation on the above individual.

X _____
Signature of Law Enforcement Official Making the Request Date

↓ For Office Use Only ↓

Date Faxed / Mailed Back: _____

Prepared By: _____

Notes: _____