

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 : fax: **(701) 877-2405**

Mailing Address: ND State Board of Pharmacy
 Attn: PDMP
 1838 E Interstate Ave Suite D
 Bismarck, ND 58503

4. Please call the board's office if you have any questions regarding the prescription drug monitoring program.
phone: (701) 877-2410
5. This form is meant for **OUT-OF-STATE Requests**, all in-state law enforcement officials can register for an online account at <https://northdakota.pmpaware.net>.

ND PDMP Report Request Form - Law Enforcement

North Dakota Prescription Drug Monitoring Program (NDPDMP)
 North Dakota Board of Pharmacy

Contacts:

Mark Hardy, PharmD, Executive Director ND Board of Pharmacy:
mhardy@ndboard.pharmacy
 Kathy R. Zahn, Program Administrator, PDMP:
pdmp@ndboard.pharmacy

Suspect/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: _____
Only up to 3 years from the date of processing can be provided

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: _____

City, State, Zip: _____ e-Mail Address: _____

Phone: _____ Password: _____
For all e-Mail report requests a twelve(12) or more character password must be submitted with at least one(1) upper case and one(1) lower case letter, and a punctuation or symbol.

Fax: _____

By signing this form, you confirm that you have an open investigation on the above suspect/patient and are following guidelines set forth in NDCC [19-03.5-03. Access to prescription information.](#)

X _____
Signature of Law Enforcement Official Making the Request Date

↓ For Office Use Only ↓

Date Faxed/Mailed Back: _____

Prepared By: _____

Notes: _____