

Instructions:

1. Complete all fields. Incomplete requests will be shredded.
2. The law enforcement agent making the request must sign the request.
3. Fax or mail this form to NDPDMP, Board of Pharmacy's 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.
(701) 877-3210

Patient and Pharmacy location information are redacted to adhere with HIPAA patient privacy laws. You may request patient data individually thru patient searches online.

Prescriber Profile Request -Law Enforcement

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

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

Prescriber's Information

*Provider Full Name: _____	
*Location City, State: DEA #/State License #:	First, Middle, Last, Title (MD, DO, APRN, DDS, PA) Circle 1 year, 2 years, 3 years (max) Date Range OR Custom Date Range:

***Please provide a 16 character secure password you would like to use or we can call and provide that to you after the report is created:** _____

The report will be sent back in an encrypted excel spreadsheet (.xls) format and an Adobe pdf file.

Law Enforcement Officials Information

*Name/Title: _____ <small>First, Last ,Title</small>	
*Agency Name:	*Case No.:
*Address:	*Phone:
*City, State, Zip:	*Email Address:

CHECK THE BOX IF YOU WOULD LIKE THE PROFILE MAILED TO YOU. PRINTING FEES MAY APPLY.

Fax: _____ **MAIL RESPONSE**

By signing this form, you confirm that you have an open investigation on the above provider 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/Time Faxed/Mailed Back: _____

Prepared By: _____

Notes: