



# NORTH DAKOTA STATE BOARD OF PHARMACY PRESCRIPTION DRUG MONITORING PROGRAM

1906 E. Broadway Avenue, Bismarck, ND 58501  
Phone: 701-328-9537 Fax: 701-328-9536

<b>** Office Use Only **</b>
Date Received

## Patient Profile Request

**Form Instructions:** Fill out the form completely and sign in front of a Notary Public. Mail this form to the ND Board of Pharmacy, Attn: PDMP, 1906 E. Broadway Ave, Bismarck, ND 58501. Your request will be processed and mailed back to you within 5 business days. For questions on the program or this form, please call 701-328-9537.

Full Name of Patient		Patient DOB (MM/DD/YYYY)	
Patient Street Address		City	State
Full Name of Person Requesting PDMP Data (if different from patient)			
Phone Number (with Area Code) of Person Requesting Data			
Mailing Address of Person Requesting Data		City	State
Date Range for Request (month/day/year format) ___ / ___ / _____ to ___ / ___ / _____			
Signature of Patient, Parent, or Legal Guardian		Date	
Name – Print or Type		Relationship to Patient (Please circle one) self / parent of minor / legal guardian*	
<b>This section is to be filled out by a Notary Only</b>			
Subscribed and sworn before me this _____ day of _____ 20_____.			
Notary Signature: _____			
Printed Name: _____			
County of: _____			
Date Commission Expires: _____			
Notary Public Seal/Stamp Above			

**Note: Reports are available for 3 years from today’s date.** In some cases there is a lag time of 1 to 7 days depending on the dispensing party. Records collected are from outpatient, assisted living, nursing homes, Veteran’s Administration facilities and Indian Health facilities. ND PDMP does not warrant any report to be accurate or complete. The report is based on the search criteria entered and the data collected from the dispenser. For more information about any record, contact the dispenser directly.

\*Proof of guardianship is required prior to release of information