



# NORTH DAKOTA STATE BOARD OF PHARMACY PRESCRIPTION DRUG MONITORING PROGRAM

1838 E Interstate Ave Suite D Bismarck, ND 58503  
Phone: 701-877-2410 Fax: 701-877-2405

**\*\* Office Use Only \*\***  
Date Received

## Patient Request History

**Form Instructions:** Fill out the form to identify the person(s) requesting the below patients report under ND CC 19-03.5-03. Sign in front of a Notary Public. Mail this form to the ND Board of Pharmacy, Attn: PDMP, 1838 E Interstate Ave Suite D, Bismarck, ND 58503. Your request will be processed and mailed back to you within 5 business days. For questions on the program or this form, please call 701-877-2410.

Full Name of Patient		Patient DOB (MM/DD/YYYY)	
Patient Street Address		City	State
Zip Code			
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
Zip Code			
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*	

**This section is to be filled out by a Notary Only**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

County of: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

Notary Public Stamp Above

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