



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Drive, NE • Suite C • Albuquerque, New Mexico 87109
(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102

<http://www.rld.state.nm.us/boards/pharmacy.aspx>

**GOVERNMENTAL AGENCY REQUEST FOR
PRESCRIPTION MONITORING PROGRAM INFORMATION**

Pursuant to 16.19.29.9:

E. The board shall be authorized to provide data in the prescription monitoring program to the following persons:

(4) professional licensing authorities of other states if their licensees practice in the state or prescriptions provided by their licensees are dispensed in the state;

(5) local, state and federal law enforcement or prosecutorial officials engaged in an ongoing investigation of an individual in the enforcement of the laws governing licit drugs;

PLEASE PRINT CLEARLY

Name of Requestor: (Last, First) _____

License/Registration/Badge Number: _

Agency: _____

Phone: _____ E-mail: _____

Fax: _____

Subject Name: _

D.O.B.: _____ Date Period: From: _____ To: _____

Case/Investigation Number: _

Case classification: _

I hereby request a printout of the controlled substance prescriptions for the above named individual dispensed for the date period above by pharmacies submitting information to the New Mexico Controlled Substance Prescription Monitoring Program. (Please note that requests can take up to 1 week to process)

Signed: _ Date: _____

REQUESTS NOT SUBMITTED IN PERSON MUST BE NOTARIZED

Subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

BOARD OF PHARMACY USE ONLY

BOP EMPLOYEE PROCESSING REQUEST: _____

REQUESTOR ID VERIFICATION BY: EMAIL PHONE KNOWN OTHER: _____

RESPONSE SENT: ENCRYPTED EMAIL FAX MAIL OTHER: _____

ATTACH PHOTOCOPY OF PMP INFORMATION PROVIDED AND ID VERIFICATION (IF PROVIDED)