



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>

**LEGAL GUARDIAN 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:

(2) an individual who request's their own prescription monitoring information in accordance with procedures established under 61-11-2.D NMSA, 1978 and Subsection G of 16.19.6.23 NMAC.

PLEASE PRINT CLEARLY

Name of Legal Guardian: (Last, First Middle) _____

D.O.B.: _____

NMDL # or other Government I.D.: _____

Name of Person: (Last, First Middle) _____

D.O.B.: _____ Sex: Male / Female (Circle one)

Date Period: From: _ _____ To: _____

I hereby request a printout of the controlled substance prescriptions for the person named above of whom I am a legal guardian dispensed for the date period above by pharmacies submitting information to the New Mexico Controlled Substance Prescription Monitoring Program:

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