



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

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

PERSONAL 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 Requestor: (Last, First Middle) _____

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

NMDL # or other Government I.D.: _____

I hereby request a printout of the controlled substance prescriptions for myself 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