



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>

**PRACTITIONER 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:
 (1) persons authorized to prescribe or dispense controlled substances, for the purpose of providing medical or pharmaceutical care for their patients;

PLEASE PRINT CLEARLY

Name of Requestor: (Last, First Middle) _____

DEA#: _____ Expires: _____

NMDL # or other Government I.D.: _____

Name of Patient: (Last, First Middle) _____

Address of Patient: _____

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

I attest that the above patient is currently under my care and hereby request a printout of the controlled substance prescriptions for this person 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