



WI PRESCRIPTION DRUG MONITORING PROGRAM

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E-Mail: PDMP@wisconsin.gov | Website: <http://dsps.wi.gov/PDMP>

Governor Scott Walker

Secretary Dave Ross

PATIENT PDMP DATA REQUEST FORM

Instructions:

- Provide the information requested below. Incomplete and/or unsigned applications will not be processed.
- Appear in-person at the address below with two forms of valid proof of identity, one of which is valid government-issued photographic identification, and sufficient proof of the authorization or delegation from the patient if you are requesting PDMP data on behalf of a patient.

Wisconsin Department of Safety and Professional Services
 1400 East Washington Avenue
 Madison, WI 53703

Name of Patient		Date of Birth of Patient	
Name of Person Requesting PDMP Data (if different than the patient)		Type of Authorization from Patient	
Patient Street Address	City	State	ZIP Code
Phone Number (with Area Code)	E-Mail Address		
Request Date Range ____ / ____ / ____ to ____ / ____ / ____			
By signing this form, I certify that: <ol style="list-style-type: none"> 1) I am or have been authorized to obtain PDMP data by the patient identified above. 2) I understand that the Pharmacy Examining Board and the Department of Safety and Professional Services make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of this report and expressly disclaim liability for errors and omissions in the contents of this report. The PDMP database is an accumulation of information submitted to it by Wisconsin-licensed pharmacies and dispensing healthcare practitioners. I will verify all information before making any decisions or taking any action. For more information about any information in this report or to verify a prescription, I will contact the pharmacy or dispensing practitioner. 3) I understand that inappropriate access or disclosure of PDMP data is a violation of state and federal law and may result in criminal, civil, or administrative sanctions, including, but not limited to, up to \$100,000 fine and up to three years and six months of imprisonment. 			
Signature			Date

FOR OFFICE USE ONLY				
Date Received	ID 1 Type	ID 2 Type	Authorization	Date of Action
Approved Denied	Notes			