MINNESOTA BOARD OF PHARMACY

Prescription Monitoring Program
2829 University Ave. SE #530
Minneapolis, MN 55414-3251
www.minnesota.pmp.state.mn.us
Supporting Patient Care Since 2010

Controlled Substance Prescription History Request Form
(Law Enforcement Request)

Based upon the attached search warrant, please provide the specified report from the MN Prescription Monitoring Program (PMP) relating to **(*Select ONE*):**

☐ **Recipient (Individual)** Prescriptions dispensed to:

Name: _____ Date of birth (if known) _____

List known alias names/Dates of Birth: _____

_____

☐ **Pharmacy** Prescriptions dispensed by (Pharmacy name) _____

Address _____

DEA number _____ MN Pharmacy Lic# (if known) _____

☐ **Prescriber** Prescriptions written by (MD, DDS, etc.): Name_____

DEA number _____

Health Professional License number (if known) _____

Requester Information Name (*Please Print*) _____

Agency Name/Mailing Address_____

City, State, Zip

_____ _____

Phone Number Email Address

Please submit this form along with a photocopy of the search warrant to:
MN Prescription Monitoring Program – Law Enforcement
Request Fax: 612/617-2261 Email: Minnesota.pmp@state.mn.us.

IF PRESENTED IN PERSON
Office use only:

ID Verified

Date processed_____/_____/20____

Note: *Requests will be processed within 3 business days.*