



2829 University Ave SE, Suite 530 Minneapolis, MN 55414  
Phone: 651/201-2836 Fax: 612/617-2261

[www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us)

## 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) \_\_\_\_\_

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**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](mailto:Minnesota.pmp@state.mn.us).**

Office use only:

ID Verified

Date processed \_\_\_\_/\_\_\_\_/20\_\_\_\_

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