



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)

## **Individual's Controlled Substance Prescription History Report Request Form**

Any individual who requests information from the Minnesota Prescription Monitoring Program (MN PMP) relating to their personal controlled substance prescription history must complete a request form and submit it by mail or fax to the MN PMP.

**Request forms must be notarized. Forms that have not been signed in the presence of a Notary will be returned.**

If the individual in the report is under the age of 18 years, a parent or guardian must request the report. In order to show proof of relationship, the following must also be submitted:

- **A certified copy of the individual's birth certificate (*showing the requesting parent's name*) or original, certified copy of court order granting legal guardianship.**

*(All certified copies will be returned to the requester)*

Upon completion, please mail or fax your request to:

MN Board of Pharmacy  
Prescription Monitoring Program  
2829 University Ave SE, Suite 530  
Minneapolis, MN 55414

Fax: 612-617-2261

*(Request will be processed with 10 business days of receipt)*



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*MN Statute 152.126, subd. 5 (d) which states in part, "Data shall be retained by the board in the database for a 12-month period."*

I request a copy of the report from the MN Prescription Monitoring Program (MN PMP) relating to prescriptions dispensed

To: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(First and Last Name) (Month/Day/Year)*

**Requester Information**

*(Please print legibly or type)*

Name \_\_\_\_\_  
**First Middle Last**

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I understand that this information is only available to the individual or a parent or legal guardian of the individual for whom the controlled substance was prescribed, and **I certify that:**

- I am the individual and I am 18 years of age or older.
- I am the parent or legal guardian of the individual.

Signature of Requester \_\_\_\_\_ Date Signed \_\_\_\_\_  
*(To be signed in the presence of the Notary)*

Subscribed and sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Notary Public Seal**

**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_

**NOTE: Forms that have not been signed in the presence of a notary public will be rejected.**