



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

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.