

**WYOMING STATE BOARD OF PHARMACY  
PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)  
PATIENT PROFILE REQUEST  
FOR  
CONTROLLED SUBSTANCE PRESCRIPTION INFORMATION (Pharmacy)**

**Instructions:**

1. Please complete all blanks. Incomplete requests will be returned.
2. **The pharmacist must sign the request.**
3. The request may be faxed or mailed to the Board Office:  
**Fax Number: 307.634.9184**  
**Mailing Address:** Wyoming State Board of Pharmacy  
1712 Carey Avenue, Suite 200  
Cheyenne, WY 82002
4. If you have any questions regarding the PDMP, please contact:  
David N. Wills, Records Analyst (dwills@wyo.gov)  
Mary K. Walker, R.Ph., Executive Director (mwalke2@wyo.gov)  
both may be reached at 307.634.9636

Patient's name: \_\_\_\_\_ AKA (if any): \_\_\_\_\_

Patient's date of birth: \_\_\_\_\_

Patient's address: \_\_\_\_\_  
\_\_\_\_\_

*I certify this patient is currently receiving prescription(s) from this pharmacy and that I am currently employed as a pharmacist at this pharmacy.*

\_\_\_\_\_  
Signature of pharmacist

\_\_\_\_\_  
Date

Pharmacist name (please print clearly): \_\_\_\_\_

Pharmacy DEA number: \_\_\_\_\_

Pharmacy fax: \_\_\_\_\_

Pharmacy telephone: \_\_\_\_\_

Pharmacy address: \_\_\_\_\_

Pharmacy city, state, zip: \_\_\_\_\_

***THIS PROFILE WILL BE FAXED TO THE PHARMACY, ATTENTION THE REQUESTING PHARMACIST,  
UNLESS REQUESTED TO BE SENT BY MAIL.  
PROFILE REQUESTS RECEIVED AFTER 4:00 pm MAY BE SUBJECT TO NEXT BUSINESS DAY PROCESSING.***

***IF CHECKED, THIS PROFILE WILL BE MAILED TO THE PHARMACY.***

*For Board of Pharmacy use only.*

Date received: \_\_\_\_\_ Time received (if faxed request): \_\_\_\_\_

Profile prepared and submitted to practitioner via facsimile on: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

or by US Mail on: \_\_\_\_\_.