



WYOMING STATE BOARD OF PHARMACY  
WORx Program  
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. Request may be faxed or mailed to the board's office.

**Fax Number: (307) 634-9184**

**Mailing Address:** Wyoming State Board of Pharmacy  
1712 Carey Avenue Suite 200  
Cheyenne WY 82002

4. Please call the board's office if you have any questions regarding the prescription drug monitoring program. (307) 634-9636

Contacts: David N Wills, WORx Coordinator ([david.wills@wyo.gov](mailto:david.wills@wyo.gov))  
Mary Walker, Executive Director ([mary.walker@state.wy.us](mailto:mary.walker@state.wy.us))

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.*

X

X

Signature of Pharmacist

Date

Pharmacist Name (please print clearly) \_\_\_\_\_

Pharmacy DEA Number \_\_\_\_\_

Pharmacy Fax Number \_\_\_\_\_

Pharmacy Telephone Number\_\_\_\_ (307) \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy City, State, Zip Code \_\_\_\_\_