Wyoming Online Prescription Database

PATIENT PROFILE REQUEST FOR CONTROLLED SUBSTANCE PRESCRIPTION INFORMATION (Practitioner)

Instructions:

1. Please complete all blanks. Incomplete requests will be returned.
2. **The practitioner must sign the request**.
3. Request may be faxed or mailed to the board's office.
   Fax Number: **(307) 634-9184**
   Mailing Address: WY 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, Data Management Specialist (david.wills@wyo.gov)
   Mary Walker, Executive Director (mary.walker@wyo.gov)

Patient's Name: _____ AKA (if any) _____

Patient's date of birth: _____

Patient's Address: _____

I certify this patient is currently under my medical care.

X _____ X _____

Signature of Practitioner Date

X _____

Printed Name of Practitioner

DEA Number (please print clearly):_____

Practitioner Fax: _____

Practitioner Telephone: _____

Practitioner Address: _____

Practitioner city, state, zip code: _____

This profile will be faxed to the practitioner's office unless requested to be sent by mail.

Check this box if you want the patient's report mailed to the practitioner's office.