



PROFILE REQUEST (Licensing Boards)

Instructions:

- 1. Please complete all blanks. Incomplete requests will be returned.
- 2. The authorized agent of the board 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, Records Analyst (david.wills@wyo.gov)
Mary Walker, Executive Director (mary.walker@wyo.gov)

Practitioner's Name: _____ License # _____ DOB: _____

Purpose of the request: _____

Investigation Number: _____

Specific controlled substances to be reviewed: (may use attachment) _____

Date range of this request: from: _____ to: _____

Specific reason for this request: (may use attachment) _____

Signature of authorized agent of the licensing board

Date

Printed name of agent:

Licensing board address:

Licensing board phone #:

This profile will be mailed to the licensing board's office.