

WYOMING STATE BOARD OF PHARMACY

PRESCRIPTION DRUG MONITORING PROGRAM (Controlled Substances)

PRACTITIONER 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)- 634-9812

**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 (dwills@wyo.gov)
Mary Walker, Executive Director (mwalke2@wyo.gov)

Practitioner's Name: _____ License # _____

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: **Mary K. Walker, Executive Director**

Licensing board address: **1712 Carey Avenue Suite 200
Cheyenne, WY 82002**

Licensing board phone #: **307-634-9636**

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

Date received: _____ Time received: _____

Profile prepared: _____ and mailed via US Mail on _____