



**PROFILE REQUEST (Law Enforcement)**

**Instructions:**

1. Please complete all blanks. **Incomplete requests will be returned.**
2. **An authorized agent of the law enforcement agency must sign the request.**
3. **Please put contact information at the bottom or on an attached sheet, i.e. printed Officer Name, Address of station fax and phone numbers.**
4. 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, Ste. 200  
Cheyenne, WY 82002
5. Please call the board's office if you have any questions regarding the prescription drug monitoring program. (307) 634-9636. ***The board will only release requested information if the board suspects fraudulent or illegal activity has occurred***  
**Contacts:** David N Wills, Data Management Specialist ([david.wills@wyo.gov](mailto:david.wills@wyo.gov))  
Mary Walker, Executive Director ([mary.walker@wyo.gov](mailto:mary.walker@wyo.gov))

Patient's Name: \_\_\_\_\_ AKA's if known: \_\_\_\_\_

Patient's Birth Date \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Specific controlled substances being investigated: \_\_\_\_\_

Date range requested: \_\_\_\_\_ to: \_\_\_\_\_

Law Enforcement investigative file number: \_\_\_\_\_

Specific reason for this request (may use attachments)

\_\_\_\_\_

\_\_\_\_\_

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature of authorized agent  
*(Please provide complete agency contact information)*

Date

***This profile will be mailed to the law enforcement agency, provided the request meets the requirements of W.S. 35-7-1060 (c) (ii)***