

WYOMING STATE BOARD OF PHARMACY

PRESCRIPTION DRUG MONITORING PROGRAM (Controlled Substances)

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

Signature of authorized agent

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)

Date received: _____ Time received (if faxed): _____

Profile prepared: _____ and mailed via US Mail on _____