

## Law Enforcement Request for Controlled Substance Prescription History Report

[MN Statute Sect. 152.126, subd. 5\(d\)](#) states in part ...data shall be retained by the board in the database for a 12 month period, and shall be removed from the database no later than 12 months from the last day of the month during which the data was received...

**Important note:** requests will only be processed if received within 10 days of the warrant signature. If derivations occur between the request form and warrant, search is performed based on warrant.

### Request Type

Please complete the appropriate request type based on the search warrant and investigation type authorized.

#### Recipient/ Individual Request

*prescriptions reported as dispensed to:*

First Name	M.I.	Last Name	Date of Birth
			/ /
<b>Known alias(s) if applicable</b>			
Note: if alias information is <i>completely</i> different from name/DOB above, alias must be listed on warrant.			
			/ /
			/ /
			/ /
			/ /

#### Prescribing History Request

*prescriptions reported as written by: (MD, DDS, etc.)*

First Name	
M.I.	
Last Name	
DEA Number(s)	
<i>If available</i>	
NPI Number(s)	
MN License #	

#### Pharmacy/ Dispensing History Request

*prescriptions reported as dispensed by:*

Pharmacy Name	
Address	
City, State, Zip Code	
DEA Number	
<i>If available</i>	
MN License #	

### Requester Information

*Results will be returned via secure email*

Name			
Agency			
Address		City, State, Zip	
Phone		Email	

- Results will be returned via secure email within 3 business days.
- If your request is urgent, CALL THE PROGRAM OFFICE, **phone.651.201.2836**.

Submit this form along with a copy of the signed search warrant to:

**MN Prescription Monitoring Program**  
 335 Randolph Avenue, Suite 230  
 Saint Paul, MN 55102

**Fax.** 651.215.0948  
**Email.** [minnesota.pmp@state.mn.us](mailto:minnesota.pmp@state.mn.us)