



**ARIZONA STATE BOARD OF PHARMACY**  
 1110 W. Washington St., Suite 260,  
 Phoenix, Arizona 85007  
 p) 602-771-2727 f) 602-771-2748  
 email:pmp@azpharmacy.gov  
 www.azpharmacy.gov

**REQUEST FOR AN INDIVIDUAL'S OWN  
 CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM  
 DATABASE INFORMATION**

*Please print legibly or type, and use full name [ first, middle, last, suffix ( Jr., Sr., II, III, etc. ) - do not use initials ]  
 Include a clear photocopy of your driver license or ID with the request.*

<b>Full Name:</b>			
<b>DOB:</b>		<b>Email Address:</b>	
<b>Street Address:</b>			
<b>City / County:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>Specific time period to be covered in report</b>			
<b>Start Date:</b>		<b>End Date:</b>	
<small>Note: Information cannot be delivered to third parties.</small>			
<b>Delivery Method</b>	<input type="checkbox"/> <b>Mail</b>	<input type="checkbox"/> <b>Fax</b>	<input type="checkbox"/> <b>Pick up (at Board Office)</b>
			<input type="checkbox"/> <b>Email</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public Signature

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:  
 \* Notarized Request for Information Form  
 \* Photocopy of Current Driver License or ID