**Logo

Description automatically generated**The Commonwealth of Massachusetts

Department of Public Health, Bureau of Health Professions Licensure

Prescription Monitoring Program

250 Washington Street, Boston, MA 02108-4619

Phone: 617-753-7310 Fax: 617-973-0985 Email: mapmp.dph@mass.gov

**Prescriber Data Request Form**

**Prescription Monitoring Program (PMP)  
  
USE THIS FORM IF YOU ARE A PRESCRIBER**

**Instructions for completing form:**

* All sections must be completed below. Incomplete Data Request Forms will not be processed.
* A photocopy of your picture ID is required.
* Along with a copy of your picture ID, completed form must be faxed to 617-973-0985 or mailed to the Massachusetts Prescription Monitoring Program, 250 Washington Street, 3rd floor, Boston, MA 02108-4619. **Please do not email.**

**Section I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Request Date:** | **Prof. Degree:** | | **Date of Birth:** |
| **First Name:** | | | |
| **Last Name:** | | | |
| **Street Address:** | | | |
| **City/Town:** | **State:** | | **Zip Code:** |
| **Contact Phone:** | | **Email Address:** | |
| **Your personal DEA number(s) and NPI number (enter just your NPI number if you do not possess a DEA number):** | | | |

**Section II  
Previous 2 years’ dispensation and search history data are available directly on MassPAT at** [**https://massachusetts.pmpaware.net/login**](https://massachusetts.pmpaware.net/login) **. For assistance accessing data on MassPAT, please contact the Program at** [**mapmp.dph@mass.gov**](mailto:mapmp.dph@mass.gov)**. For requests for dispensation data older than 2 years, please select the type(s) of PMP data you are requesting and date range below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dispensations reported to the PMP under your credentials** | **Dates:** | **From** |  | **to** |  |
| **Prescription records searched by you (includes delegate searches)** | **Dates:** | **From** |  | **to** |  |

**Report Delivery Options:**

**Electronically sent via a secure file transfer  Mailed to the address in Section I  
 to email address in Section I (preferred)**

**Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**