****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****. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**