



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> . 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:

<input type="checkbox"/> Dispensations reported to the PMP under your credentials	Dates:	From		to	
<input type="checkbox"/> Prescription records searched by you (includes delegate searches)	Dates:	From		to	

Report Delivery Options:

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

Your Signature _____

Date _____