



**Dora**  
Department of Regulatory Agencies

## Colorado State Board of Pharmacy Prescription Drug Monitoring Program

1560 Broadway, Suite 1350  
Denver, CO 80202

(303) 894-7800  
(303) 894-7692 – FAX  
(303) 894-7880 – V/TDD

### Confidential Patient Information Form

#### Personal Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_  
(Submit a front and back copy of your Drivers License)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date range for the patient report: \_\_\_\_\_

The report will be mailed to the address on the Drivers License

**I acknowledge and verify the information I am accessing is for my personal reasons. I understand that if I release, obtain, or attempt to obtain information from the program in violation of CRS 12-22-700, I may be fined for each violation.**

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

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

Mail to 1560 Broadway, Ste. 1300, Denver, CO 80202

Fax to 303-894-7692

E-Mail to [pdmpinqr@dora.state.co.us](mailto:pdmpinqr@dora.state.co.us)