



**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 Request for Non-Colorado Prescribers

#### Prescriber Information:

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

Profession: \_\_\_\_\_

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

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

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

Drivers License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

License number: \_\_\_\_\_

DEA Registration: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

(The patient report will be mailed to this address)

Provide Copies of the Following:

- a) Driver's License from state of residence.
- b) Copy of relevant license (medical, physician assistant, etc) from state of issuance; and
- c) Copy of DEA Registration

#### Patient Information:

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

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

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

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

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

**I acknowledge and verify the information I am accessing is for a patient I am currently treating. 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.**

Prescriber 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)