CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**DEPARTMENT OF STATE**
DIVISION OF PROFESSIONAL REGULATION
OFFICE OF CONTROLLED SUBSTANCES
**PRESCRIPTION MONITORING PROGRAM**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

# REQUEST FOR PRESCRIPTION REPORT - REPRESENTATIVE OF PATIENT

## INSTRUCTIONS

***Use this form to request prescription records for a person for whom you are a representative.***

- This form is ***not*** for practitioner use. If you are a practitioner who wishes to receive a patient's prescription records, see Delaware Prescription Monitoring Program – click on Login under Practitioner & Pharmacist.
- If you want to request your own prescription records, submit *Request for Prescription Report - Self*.

You may request the prescription records of a patient as a representative if you are a:

- Legal guardian or other recognized, authorized representative of an adult patient.
- Parent with custody of or the guardian of a minor patient.

To request patient records:

☐ Submit completed, signed and notarized request form.

☐ Enclose a copy of your valid photo identification issued by a government agency in any jurisdiction in the U.S.

☐ If the patient is an adult, submit documentation showing that you are his/her legal guardian or other authorized representative.

☐ If the patient is a minor, submit documentation that you are the patient's custodial parent or legal guardian.

☐ Send the form and required documents to the Office of Controlled Substances at the address above.

## INFORMATION ABOUT THE PATIENT

1. Patient Full Name: ______________ ______________ ______________ ______
   First Middle Last/Family Suffix

2. Other Names Used: ______________ ______________ ______________
   (Include maiden, other married, alternative spellings.)

3. Patient Date of Birth (month/day/year): ______________ Gender: Male ☐ Female ☐

4. ***Patient Mailing*** Address: ______________________________________
   ______________ ______________ ______________ ______________
   City State/Province Zip/Postal Code Country

5. Phone: ______________ ______________ Email: ______________________

6. Enter the dates of prescriptions to be included in the report (no earlier than 9/1/2011): From: ______________ To: ______________
   month/day/year month/day/year

## INFORMATION ABOUT REPRESENTATION

7. Check the item that describes your representation of the patient named above:

   ☐ Legal Guardian – I am the legal guardian of the adult patient named above.

   ☐ Parent/Guardian – I am the custodial parent or legal guardian of the minor patient named above.

   ☐ Other Representative – Explain: ______________________________________

8. Your ***Mailing*** Address: ______________________________________________

________________ ________________ ________________ ________________
City State/Province Zip/Postal Code Country

9. Phone: ____________________ ____________________ Email: ______________________________

10. Do you understand that a person who is not authorized to have prescription monitoring information and who obtains such records fraudulently is guilty of a class E felony and, upon conviction, may be fined up to $10,000 or imprisoned up to five years, or both (16 *Del. C.* §4798)? Yes ☐ No ☐

**AFFIDAVIT**

The undersigned, being sworn, deposes and says that he or she is the authorized representative of the patient named above; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this request

***Signature of Requester:*** ______________________________________________ Date: ________________

State of ______________________________ County of ________________________

Sworn to before me and subscribed in my presence this ______________ day of ___________________2______.

Signature of Notary: ________________________________________

SEAL

Expiration Date: ____________________

***REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.***