



Washington State Prescription Monitoring Program



The State of Washington requires that ALL schedule II-V controlled substances dispensed by veterinarians be reported to the PMP managed by the Washington Department of Health.

Before you can submit reports you must first create your uploader account online.
Instructions are available at <http://www.wapmp.org/wa-pmp-dispenser's-implementation-guide/>
Save time, fill out and submit your reports directly online!

OWNER INFORMATION

Identification Number _____
Identification Type Driver's License ID State Issued ID Passport ID Military ID Tribal ID Other
First Name _____ MI _____ Last Name _____
Address _____ City _____ State _____ ZIP _____

ANIMAL INFORMATION

Name _____ DOB ____/____/____ Species Code 01 Human 02 Veterinarian Patient
**Animal's first name (or species) and owner's last name* **Veterinarian Patient Data Only.*

DISPENSER INFORMATION

Dispenser Name _____ DEA _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
Address _____ City _____ State _____ ZIP _____
Clinic Name and Physical Address _____ Email _____
(Optional) (Optional)

PRESCRIPTION INFORMATION

Prescription # _____ Date File ____/____/____ Date Written ____/____/____
NDC Drug Name (strength) _____
Quantity Dispensed (number of metric units) _____ Days Supply _____
Prescriber Name _____ DEA _____
Reporting Status New Record Revise Void

PRESCRIPTION INFORMATION

Prescription # _____ Date Filled ____/____/____ Date Written ____/____/____
NDC Drug Name (strength) _____
Quantity Dispensed (number of metric units) _____ Days Supply _____
Prescriber Name _____ DEA _____
Reporting Status New Record Revise Void

PRESCRIPTION INFORMATION

Prescription # _____ Date Filled ____/____/____ Date Written ____/____/____
NDC Drug Name (strength) _____
Quantity Dispensed (number of metric units) _____ Days Supply _____
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