



Washington State Prescription Monitoring Program



The State of Washington requires that ALL Prescriptions for Schedule II-V controlled substances be reported to a data repository managed by the Washington Department of Health.

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Identification Number Identifier Military ID State Issued ID Unique System ID Passport ID
 Driver's License ID Social Security Number Tribal ID Other

Identification Number _____

DOB ____/____/____ Gender Female Male Unknown

Species Code 01 Human 02 Veterinarian Patient

Address _____ City _____ State ____ ZIP _____

DISPENSER INFORMATION

Dispenser Name _____ DEA _____

Phone # (____) _____ - _____ Fax # (____) _____ - _____

Address _____ City _____ State ____ ZIP _____

PRESCRIPTION INFORMATION

Prescription # _____ NDC Compound Reporting Status New Record Revise Void

NDC [][][][][] - [][][][][] - [][] Drug Name (strength) _____

Quantity Dispensed (number of metric units) _____ Days Supply _____ Date Written _____

Prescriber Name _____ DEA _____ Date Filled _____

Refills Authorized _____ Refill Number _____

Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance Military Installations/VA
 Workers' Compensation Indian Nations Other

ID of person dropping off or picking up prescription (optional) _____

Last name and first name of person dropping off or picking up prescription (optional) _____

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