



Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Alaska Prescription Drug Monitoring Program

Board of Pharmacy

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PROFILE REQUEST - LAW ENFORCEMENT AND REGULATORY AGENCY/BOARD

To assist us with tracking requests, and to help insure the accuracy of the material returned, please provide the following information, then send this form, and your authorizing documentation (e.g. search warrant, subpoena or court order), by mail to the PDMP address listed above. Please call if you have any questions.

Cubicot Information

	Subject mornation
Name:	AKA (if any):
Address:	Date of Birth:
City, State, Zip:	Date Range:
Choose One:	Purpose/Type of Investigation
Forged Prescription	Suspected Doctor Shopper
Stolen Prescription	Suspected Diversion
Suspected Addiction	
Name:	nt or Regulatory Agency/Board Official's Information Title: Case No.:
Address:	Phone #:
	Fax #:
E-Mail:	
	FOR DEPARTMENT USE ONLY
Date Received:	
Date Processed:	By: Disapproved