

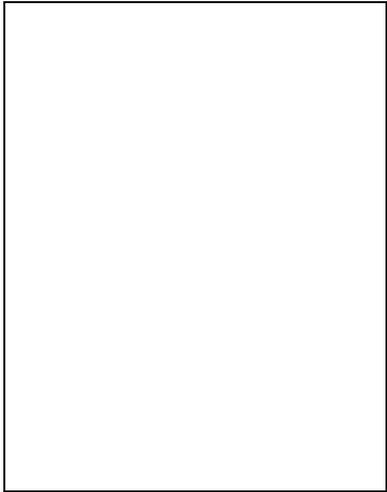


THE STATE of ALASKA

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

Alaska Prescription Drug Monitoring Program
Board of Pharmacy

333 Willoughby Avenue, 9th Floor
Juneau, AK 99811
Phone: (907) 465-2550 Fax: (907) 465-2974
Email: akpdmp@alaska.gov
Website: http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/
BoardofPharmacy/PrescriptionDrugMonitoringProgram.aspx



PATIENT REQUEST FOR RECORD CORRECTION
OF INFORMATION IN PRESCRIPTION
DRUG MONITORING PROGRAM

A patient may request that the Alaska Prescription Drug Monitoring Program (AKPDMP) correct any information about the patient that is considered incorrect. The request must be made in writing. The patient request must state what specific information in the report the patient considers incorrect. This would include the date the report was run, the date the prescription was written and filled, and any other information to positively identify the record in question.

Instructions

- Please provide the information requested below. (Print or Type) Use full legal name - not initials.
If this request is from an authorized agent, then please attach your proof of patient authorization or verification of your authorized agent status.
AKPDMP staff will review the request and, if justified, will make changes to the database information
Mail this request and supporting document to:

Alaska State Board of Pharmacy
Alaska Prescription Drug Monitoring Program
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501-3567

PLEASE COMPLETE ALL SECTIONS ON THIS FORM.

Full Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Physical Address of Patient:

Street City State Zip Code

Previous Physical Address of Patient (if recently moved):

Street City State Zip Code

Mailing Address of Patient:

Street City State Zip Code

Date of Prescription: \_\_\_\_\_ Phone Number of Patient: \_\_\_\_\_

Explain how the documentation is incorrect or incomplete. Please write exactly what you think the entry should state to be accurate and complete.

I certify that the information submitted is correct.

**SIGN HERE** 

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTARY SEAL)

SUBSCRIBED AND SWORN to before me,  
a Notary Public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**NOTARY** 

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

**AS 11.56.210(a)(2) of the Alaska Statutes makes it a class A misdemeanor of offense for a person to intentionally issue a false written or recorded statement, which is punishable by imprisonment for not more than one (1) year, a \$5,000 fine, or both.**

FOR DEPARTMENT USE ONLY	
Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By: _____
Date Processed:	