



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
NH PRESCRIPTION DRUG MONITORING PROGRAM

Lori A. Shibinette
 Commissioner

Patricia M. Tilley
 Director

29 HAZEN DRIVE, CONCORD, NH 03301
 Tel: 603-271-6978 Fax: 603-696-3150
 TDD Access: 1-800-735-2964

PATIENT REQUEST FORM
PRESCRIPTION DRUG MONITORING INFORMATION

Ph 318-B: 35 I b (1)

Mailing Address: Prescription Drug Monitoring Program (CONFIDENTIAL)
 29 Hazen Drive
 Concord, NH 03301

E-Mail: NHPDMP@dhhs.nh.gov

Report MUST be picked up in person at 29 Hazen Drive with proper identification required.

Today's Date		Patient Date of Birth
Patient First Name Suffix	Patient Middle Initial	Patient Last Name
Patient Address		Patient Telephone Number
City	State	Zip Code

Patient profile released to (please circle only one):

Patient

or

Authorized representative*

* Ph 1502.01a "Authorized representative" means a parent or guardian of a minor child, or a person who has been authorized in the manner required by law to make health care decisions, or gain access to health care records, on behalf of another.

 Signature

 Date

INTERNAL OFFICE USE ONLY

ID Verified

Patient PDMP Identification Number: _____

 PDMP Agency Signature

 Date profile released