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

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 lb (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.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Patient Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td>Patient Middle Initial</td>
</tr>
<tr>
<td>Patient Address</td>
<td>Patient Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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

2/2022