



**Vermont Prescription Monitoring System  
State Licensing Board Request for Disclosure of Information Form**

{Fax Number} 802-652-2019

***Licensee and Report Information***

<i>Full Name of Licensee</i>	<i>DEA Number (if applicable)</i>
<i>Street Address</i>	<i>City, State, Zip Code</i>
***Specific time period to be covered in report: From ___/___/___ through ___/___/___ (MM/DD/YY) (For prescriber reports, please include full name and DEA number)	
*** Specific time period for request to be completed by (Not earlier than 7 days preceding the request date) ___/___/___ (MM/DD/YY)	

***Requestor Information***

<i>Name of State Entity</i>	<i>Contact Telephone Number (including Area Code)</i>
	<i>Contact Email Address</i>

I certify that the request is pursuant to a bona fide specific investigation of the licensee and that I am duly designated by the board of licensure to make the request:

_____	_____
<b>Requestor's Printed Name</b>	<b>Date</b>
_____	_____
<b>Requestor's Signature</b>	<b>Date</b>

(The original, signed form shall be delivered by secure mail, fax or in person to the Department, Division of Alcohol and Drug Abuse Programs office. The Department will transmit the information by secure mail or fax.)

**For VPMS office use only**

<b>Date Received</b>	<b>Date of Action</b>
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**Full Name of Licensee:** \_\_\_\_\_

**DEA Number:** \_\_\_\_\_

**Report to include the following information: (please check)**

\_\_\_\_\_ The name of the drug dispensed

\_\_\_\_\_ The National Drug Code Number for the drug and dosage dispensed

\_\_\_\_\_ The date dispensed

\_\_\_\_\_ The quantity and dosage dispensed

\_\_\_\_\_ The number of days' supply dispensed

\_\_\_\_\_ The number of refills prescribed

\_\_\_\_\_ The prescriber's name

\_\_\_\_\_ The prescriber's DEA number, including suffix if applicable

\_\_\_\_\_ Pharmacy Name and location (Or specific pharmacy name/location: \_\_\_\_\_)

\_\_\_\_\_ De-identified patient information (Example: Patient 1, Patient 2, Patient 3)

\_\_\_\_\_ De-identified patient age information

\_\_\_\_\_ Information on a physician who is writing prescriptions for himself or herself or for an immediate family member in which patient-specific information can be released and is consistent with 45 CFR Section 164.502(b)

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