



VERMONT

DEPARTMENT OF HEALTH

Vermont Prescription Monitoring System

Practitioner/Pharmacist Access

<https://healthvermont.gov/adap/VPMS.aspx>



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Substance Abuse



Vermont Prescription Monitoring System



The Vermont Prescription Monitoring System helps track the prescribing and dispensing of controlled substances — those drugs most likely to lead to abuse, addiction or patient harm if they are not used properly.

[LOGIN](#)

[REGISTER NOW](#)



The purpose of the database is to provide timely and useful information to both licensed prescribers and pharmacists. The VPMS will also help health care providers identify patients who may need treatment for drug abuse or addiction.

Only licensed health care providers and pharmacists, registered with the U.S. Drug Enforcement Agency, and registered with the VPMS, will have access to information in the database. Individuals can also receive a copy of their own database information upon request.

[Learn more about VPMS](#)

Contact VPMS

E-Mail: vpms@state.vt.us

Vermont Prescription Monitoring System

Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
Tel: (802) 652-4147
Fax: (802) 652-2019

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RELATED INFORMATION

[LOG IN to VPMS](#)

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Register to use the VPMS

Vermont Licensed Providers, Pharmacists, and Delegates must register to use the VPMS.

1. Please complete the following forms
2. **Mail the original forms and supporting documents** to the Vermont Prescription Monitoring System:
 - A. **Registration Form - Privacy Statement**
 - I. [Prescriber Registration Form](#)
 - II. [Pharmacist Registration Form](#)
 - III. [Delegate Registration Form](#)
 - B. Copy of Prescriber's current DEA Registration Number, or Pharmacy's DEA Registration Number
 - C. Copy of Prescriber, Pharmacist, and/or Delegate's Vermont State Board License Number

*****Due to receiving a high volume of VPMS Registration Forms, please allow a 10 business day processing time.**

Please Note: The VPMS Registration Form for a Delegate is *optional* for registering a designee for a provider or pharmacist.

IMPORTANT: All documentation must be submitted and completed **IN FULL** or you will not be registered.

Mailing Address

Vermont Prescription Monitoring System
Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington VT 05402-0070

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Questions and Answers

- [For Prescribers and Pharmacists](#) 

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Contact VPMS

E-Mail: vpms@state.vt.us

Vermont Prescription Monitoring System
Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
Tel: (802) 652-4147
Fax: (802) 652-2019

VPMS Registration Form – Prescriber

Name: _____ DOB: ____/____/____
(First, Middle, Last, Suffix (Jr., Sr., III))

Degree/Credentials: _____

DEA Registration Number: _____ Expiration Date: ____/____/____

VT State Board License Number: _____ Expiration Date: ____/____/____

Email Address: _____

Practice Name: _____

Practice Physical Street Address: _____

City: _____ State: _____ Postal Code: _____

Practice Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Prescriber Signature: _____

Board Certification Specialty / Provider Specialty: Circle all numbers that apply

0101 - Anesthesiology	0707 - Geriatric Medicine	0801 - Medical Genetics	2001 - Psychiatry
0201 - Dermatology	0708 - Hematology	0901 - Neurology	2101 - Radiology/Nuclear Med
0301 - Emergency Medicine	0709 - Hepatology/Transplant Hepatology	1001 - Obstetrics/Gynecology	2201 - Surgery
0401 - Family Practice	0710 - Immunology	1101 - Ophthalmology/Optomety	2301 - Urology
0501 - Hospitalist	0711 - Infectious Disease	1201 - Orthopedic Surgery	2401 - Dentistry
0601 - Integrative Holistic Medicine	0712 - Oncology/Hematology Oncology, Musculoskeletal Oncology	1301 - Otolaryngology	2501 - Pharmacy
0701 - Internal Medicine General	0713 - Nephrology	1401 - Palliative Care	
0702 - Allergy	0714 - Phlebology	1501 - Pathology	
0703 - Cardiology/Cardiovascular Disease	0715 - Pulmonary Disease	1601 - Pediatrics	
0704 - Critical Care Medicine	0716 - Rheumatology	1701 - Physical Medicine & Rehab	9999 - Other
0705 - Endocrinology Diabetes & Metabolism	0717 - Sleep Medicine	1801 - Podiatry	Specify:
0706 - Gastroenterology	0718 - Sports Medicine	1901 - Preventive Medicine	

Any person who knowingly discloses confidential information not authorized by 18 V.S.A. § 4284(b), shall be subject to imprisonment for not more than one year or a fine of not more than \$1,000, or both, in addition to any penalties under state or federal law, as provided in 18 V.S.A. § 4284.

Mail the following items to the Vermont Prescription Monitoring System:

- Original VPMS Registration Form - Prescriber
- Original signed VPMS Privacy Statement
- Copy of current DEA Registration Number
- Copy of current State Board License Number

Please allow for the VPMS Registration Form – Prescriber to be processed within 10 business days.

VPMS Registration Form - Pharmacist

Name: _____ DOB: ____/____/____
(First, Middle, Last, Suffix (Jr., Sr., III))

Degree/Credentials: _____ Board Certification Specialty: _____

Pharmacy DEA Registration Number: _____ Expiration Date: ____/____/____

VT State Board License Number: _____ Expiration Date: ____/____/____

Email Address: _____

Pharmacy Name: _____

Pharmacy Physical Street Address: _____

City: _____ State: _____ Postal Code: _____

Pharmacy Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Pharmacist Signature: _____

Any person who knowingly discloses confidential information not authorized by 18 V.S.A. § 4284(b), shall be subject to imprisonment for not more than one year or a fine of not more than \$1,000, or both, in addition to any penalties under state or federal law, as provided in 18 V.S.A. § 4284.

Mail the following items to the Vermont Prescription Monitoring System:

- Original VPMS Registration Form - Pharmacist
- Original signed VPMS Privacy Statement (see second page)
- Copy of current Pharmacy DEA Registration Number
- Copy of current State Board License Number

Please allow for the VPMS Registration Form - Pharmacist to be processed within 10 business days.

VPMS Registration Form - Delegate

DELEGATE'S INFORMATION

Name: _____ DOB: ____/____/____
(First, Middle, Last, Suffix (Jr., Sr., III))

Title: _____

VT State Board License Number (if Applicable) _____ Expiration Date: ____/____/____

Email Address: _____

Practice/Pharmacy Name: _____

Practice/Pharmacy Physical Street Address: _____

Practice/Pharmacy Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Delegate Signature: _____

VPMS REGISTERED PROVIDER INFORMATION:

MUST BE AN AUTHORIZED REGISTERED PRESCRIBER/PHARMACIST FOR THE DELEGATE ABOVE

Authorized Prescriber/Pharmacist Name: _____

Prescriber/Pharmacist Signature: _____

DEA#: _____

VPMS Privacy Statement

Statutory Authority:

The Vermont Prescription Monitoring System (VPMS), created by 18 V.S.A Chapter 84A, authorizes the Department to establish an electronic database and reporting system to track the prescribing and dispensing, of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or pharmacy. The purpose of the VPMS is to promote the public health through enhanced opportunities for treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances.

Access to Information:

18 V.S.A § 4281 authorizes the Vermont Prescription Monitoring System (VPMS) to allow access to persons authorized to prescribe or dispense controlled substances or their registered delegate(s) for the purpose of providing medical or pharmaceutical treatment to a current patient.

Unlawful Disclosure:

Any person who is granted access to the information in the VPMS database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, or as otherwise expressly authorized by 18 V.S.A. § 4284(b) shall be punishable by imprisonment for not more than one year or a fine of not more than \$1,000.00, or both, in addition to any penalties under federal law. (18 V.S.A. §4284).

I understand that inappropriate access or disclosure of this information is a violation of Vermont law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

Account Agreement:

By signing this agreement I hereby agree to follow the security and password policies of the Vermont Prescription Monitoring System. I agree to not disclose nor misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Delegate Signature: _____ Date: ____/____/____

Delegate Print Name: _____

Vermont Prescription Monitoring System (VPMS)

Welcome to the VPMS Database: for Pharmacists

This e-mail confirms you are APPROVED by the Vermont Department of Health to access the Vermont Prescription Monitoring System database.

* To access the Pharmacist website, click on the database link <https://vpmsph.hidinc.com>

* Your username is the last 4 digits of your state license # with a prefix of VTRPH:

* VTRPH7759

* User login and password accounts are never to be shared. All user account deletions, additions, access, permissions, and changes must be

submitted in writing:

Meika Dipietro, Program-Coordinator
Vermont Prescription Monitoring System
Vermont Department of Health
108 Cherry St.
Burlington, VT 05401

* Your username and password is case sensitive.

You should receive a second email, within 4 hours that will contain your temporary password and your account pin number.

Vermont Prescription Monitoring System (VPMS)
Second email

This email confirms that

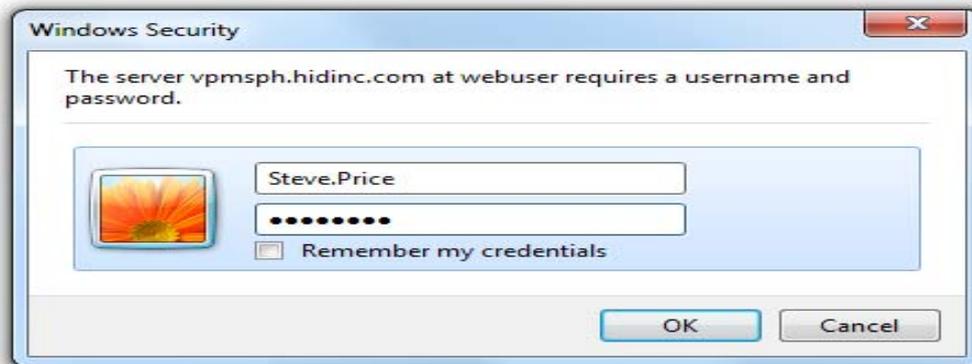
Your temporary password is: quiqu3Ech3

Your PIN # is 9170.

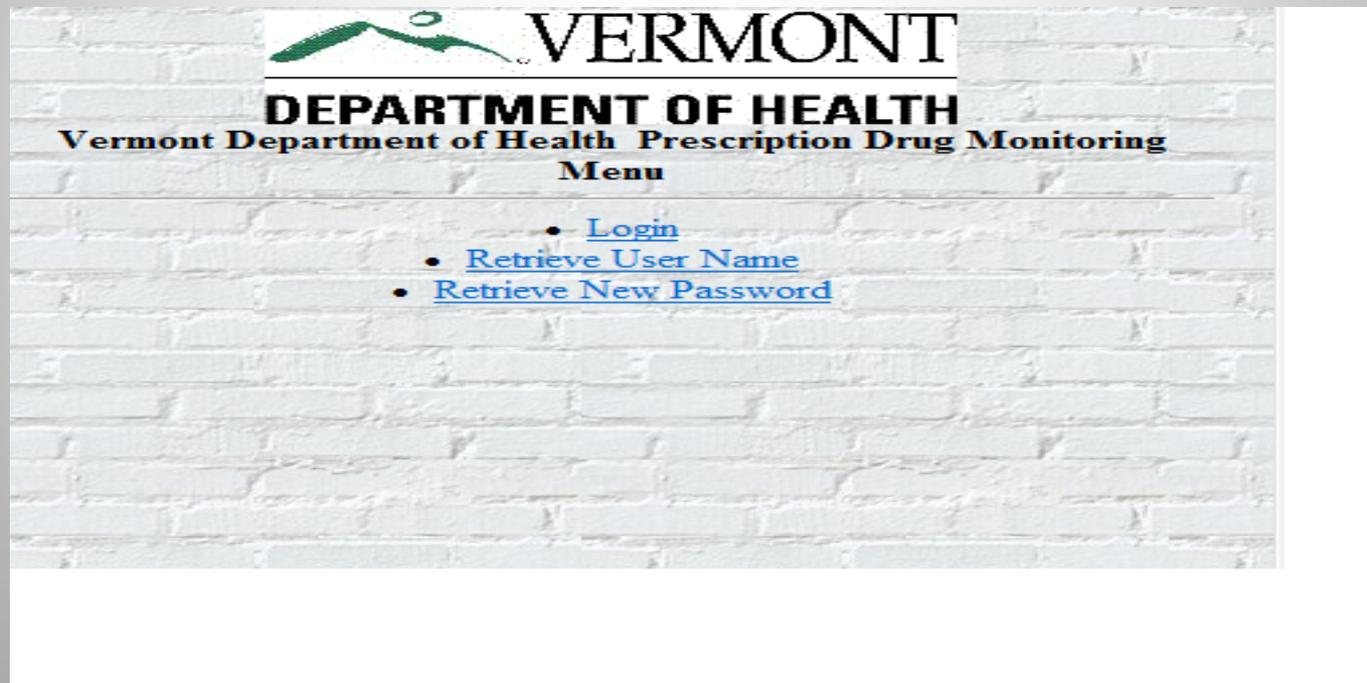
This number is required if you call our support center to assist you with forgotten passwords.
The number to call for this assistance is 1-866-508-5349.

It is recommended that you keep this PIN # in a secure, retrievable location. If you do not know your PIN # when you call for assistance we will not be able to help you and you will be required to contact VPMS and start the application process from the beginning again.

<https://vpmsph.hidinc.com>



<https://vpmsph.hidinc.com>

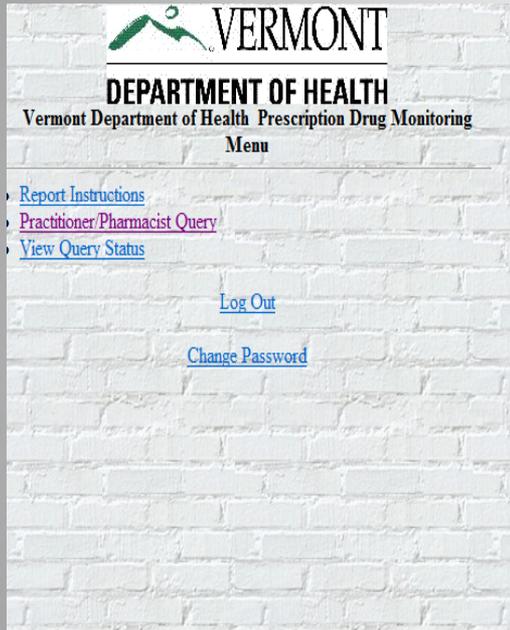


The image shows a screenshot of a web application interface. At the top, there is a logo for the Vermont Department of Health, featuring a green mountain range and the word "VERMONT" in a serif font. Below the logo, the text "DEPARTMENT OF HEALTH" is displayed in a bold, sans-serif font. Underneath that, the text "Vermont Department of Health Prescription Drug Monitoring Menu" is shown in a smaller, sans-serif font. A horizontal line separates the header from the main content area. Below the line, there is a bulleted list of three items: "Login", "Retrieve User Name", and "Retrieve New Password". Each item is preceded by a small black dot and is underlined in blue, indicating they are clickable links.

VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription Drug Monitoring
Menu

- [Login](#)
- [Retrieve User Name](#)
- [Retrieve New Password](#)

Login



 VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription Drug Monitoring
Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
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[Log Out](#)

[Change Password](#)

Your password has expired. Please enter your current password and then enter a new password.

Current Password:

New Password:

Confirm New Password:

Password requirements:

1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z),

1 digit (e.g., 0-9) and at least 8 characters in length

Password must not contain the characters | & ; \$ % ' ' " \ ~ < > () + ! ? , ^ *

For additional assistance with establishing a password, contact the PDMP Technical Support Desk at 1-800-225-6998 (option 8)

LOGIN

Practitioner/Pharmacist Query

Vermont Liability statement for Practitioner/Pharmacist access

I certify that I am have been approved by the State to access information in the controlled substance database.

I certify that the patient on whom I am requesting information is a current or prospective patient of mine or is a patient whom I am evaluating. I understand inappropriate access or disclosure of this information is a violation of state law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

I accept the above conditions and I certify that I hold a current Vermont license and curent DEA#

Disclaimer: The information in this system may contain errors resulting from how the information was entered into the data file. Controlled Substance Reporting System staff suggests that additional independent verification with pharmacies and practitioners may sometime be prudent or necessary.

You MUST accept the above conditions before you can continue



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug

Monitoring Menu

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Practitioner/Pharmacist Query

Search Multiple Recipients

Report Format: Recipient Query				
	Name Selection	Demographic Focus	County Selection	Zipcode Selection (blank for all)
Recipient	<input type="text" value="Begins with"/> <input type="text" value="Sounds like"/> <input type="text" value="Fastest: Last Name = and First Name Begins"/>	Gender: All ▾ *Target DOB: <input type="text" value="10/09/1977"/> <small>mm/dd/yyyy</small> Within: Exact Match ▾	Statewide ▲ Addison (E) Bennington Caledonia ▾ <small>Select statewide for best results</small>	<input type="text"/>
*Last Name	<input type="text" value="Data"/>			
*First Name	<input type="text" value="Dummy"/>			
	Primary Address: <input type="text"/>		City: <input type="text"/>	
	Other Address 1: <input type="text"/>		City: <input type="text"/>	
	Other Address 2: <input type="text"/>		City: <input type="text"/>	
	*Dispensed Timeframe From: <input type="text" value="10/12/2011"/> <small>mm/dd/yyyy</small>		*Dispensed Timeframe To: <input type="text" value="10/11/2012"/> <small>mm/dd/yyyy</small>	
<p>*Required Field All required fields must be filled in. For best results please use a broad search and only fill in the patient name and DOB.</p>				

Submit



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug
Monitoring Menu

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Practitioner/Pharmacist Query

Report Format:	Recipient Report
Recipient Name Begins <i>Data, Dummy</i> DOB <i>10/09/1977</i> For Zip codes beginning	DATA, DUMMY 10/09/77 1 159 vermont st., Rutland VT 05701 (Rutland)
Dispensed Timeframe From: 10/12/2011	Dispensed Timeframe To: 10/11/2012
Primary Address:	City:
Other Address 1:	City:
Other Address 2:	City:

- SORT by Date Only
 SORT by Recipient by Date

Request



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug Monitoring Menu

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[Change Password](#)

[Open in new window](#)

Generate Report



Recipient Report
 Dispensed From 10/12/2011 to 10/11/2012
 1 out of 1 Recipient(s) Selected
 DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St

Map Results

Redisclosure of this document is limited by law to only the patient or those clinicians involved in the treatment of the patient. The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescriber. This Report contains confidential information, including patient identifiers, and is not a public record. The information should not be provided to any other persons or entity.

Date Dispensed	Date Prescribed	Quantity Dispensed	Days of Supply	Authorized Refills	NDC	Drug Name	Prescriber	Prescription Number	Dispenser	Dispenser City	Recipient Last Name	Recipient First Name	Date of Birth	Recipient Street Address	Recipient City
10/01/12	10/01/12	30	30	2	00378531005	ZOLPIDEM TARTRATE 10 MG TABLET	PELIER, M	123458	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland
10/01/12	10/01/12	30	15	0	12496120803	SUBOXONE 8 MG- 2 MG SL FILM	PELIER, M	123456	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland
10/01/12	10/01/12	60	30	2	63304077305	LORAZEPAM 1 MG TABLET	PELIER, M	123457	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland

MAP Results

Query 87618 has been created. Go to [View Query Status](#) in the navigation menu to retrieve report when query finishes running.



VERMONT

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Query Request Status

Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
15686	87618	10/11/12	Approved / Done	Recipient Report Dispensed From 10/12/2011 to 10/11/2012 1 out of 1 Recipient(s) Selected DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St	file-pdf

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 1

Patient Rx History Report

DATA DUMMY

Search Criteria: Last Name 'Data' and First Name 'Dummy' and D.O.B. = '10/09/77' and Address = '' and Request Period = '10/12/11' to '10/11/12' - 1 out of 1 Recipient(s) Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/01/2012	SUBOXONE 8 MG-2 MG SL FILM	30.000	15	00565547	AP1234567	10/01/2012	123456	N	FE1111111
10/01/2012	LORAZEPAM 1 MG TABLET	60.000	30	00565547	AP1234567	10/01/2012	123457	N	FE1111111
10/01/2012	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	00565547	AP1234567	10/01/2012	123458	N	FE1111111

*N/R N=New R=Refill

Prescribers for prescriptions listed

AP1234567 PELIER, M; , 123 MAPLE SYRUP DR, RUTLAND VT 05701

Pharmacies that dispensed prescriptions listed

FE1111111 EZ DISCOUNT DRUG STORE; 234 EZ RD, RUTLAND VT 05701

Patients that match search criteria

00565547 DATA DUMMY, DOB 10/09/77; 159 VERMONT ST, RUTLAND VT 05701



DEPARTMENT OF HEALTH

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Practitioner/Pharmacist Query

Search Multiple Recipients

Report Format:		Recipient Query		
Name Selection		Demographic Focus	County Selection	Zipcode Selection (blank for all)
Recipient *Last Name *First Name	Begins with	Gender All ▾	Statewide ▲	
	Sounds like	*Target DOB 10/09/1977	Addison ⌵	
	Fastest: Last Name = and First Name Begins	mm/dd/yyyy	Bennington	
	Data	Within Exact Match ▾	Caledonia ▾	
	Dummy	Exact Match	Select statewide for best results	
		1 Year		
		2 Years		
Primary Address:			City:	
Other Address 1:			City:	
Other Address 2:			City:	
*Dispensed Timeframe From: 10/12/2011		*Dispensed Timeframe To: 10/11/2012		
mm/dd/yyyy		mm/dd/yyyy		
*Required Field All required fields must be filled in. For best results please use a broad search and only fill in the patient name and DOB.				

Submit

Query/Report Claims

Report Format:	Multiple Recipient Search	
Dispensed from Date:	090112	To: 103012
	Name Selection	Date of Birth
Recipient 1:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dummy"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 2:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dume"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 3:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dumme"/>	DOB: <input type="text" value="09/10/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 4:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 5:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 6:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 7:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>

Query/Report Claims

Report Format:	Adhoc Query
Include Claims Dispensed from Date:	09/01/2012 To: 10/30/2012
Recipient 1 Name Begins <i>Data, Dummy</i> DOB <i>10/09/1977</i>	DATA, DUMMY 10/09/77 1 Rutland VT 05701 (Rutland)
Recipient 2 Name Begins <i>Data, Dume</i> DOB <i>10/09/1977</i>	DATA, DUME 10/09/77 1 Rutland VT 05701 (Rutland)
Recipient 3 Name Begins <i>Data, Dumme</i> DOB <i>09/10/01977</i>	DATA, DUMME 09/10/77 1 Rutland VT 05701 (Rutland)

Request



Query/Report Claims

Query # 87619 has been Queued.

Use menu entry *View Query Status* to see your results.

Report Format:	Multiple Recipient Search	
Dispensed from Date:	<input type="text"/>	To: <input type="text"/>
	Name Selection	Date of Birth
Recipient 1:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dummy"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 2:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dume"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 3:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dumme"/>	DOB: <input type="text" value="09/10/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 4:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 5:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>



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Query Request Status

Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
15687	87619	10/11/12	Approved / Done	Multi Recipient Search: 1 out of 1 Recipients Selected From: Name Begins Data, Dummy; DOB 10/09/1977; Dispensed From 09/01/2012 to 10/30/2012 1 out of 1 Recipients Selected From: Name Begins Data, Dume; DOB 10/09/1977; Dispensed From 09/01/2012 to 10/30/2012 1 out of 1 Recipients Selected From: Name Begins Data, Dumme; DOB 09/10/1977; Dispensed From 09/01/2012 to 10/30/2012	file-pdf
15686	87618	10/11/12	Approved / Done	Recipient Report Dispensed From 10/12/2011 to 10/11/2012 1 out of 1 Recipient(s) Selected DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St	file-pdf

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 1

Patient Rx History Report

DATA DUMMY

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUMMY; DOB 10/09/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/01/2012	LORAZEPAM 1 MG TABLET	60.000	30	00565547	AP1234567	10/01/2012	123457	N	FE1111111
10/01/2012	SUBOXONE 8 MG-2 MG SL FILM	30.000	15	00565547	AP1234567	10/01/2012	123456	N	FE1111111
10/01/2012	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	00565547	AP1234567	10/01/2012	123458	N	FE1111111

Prescribers for prescriptions listed 2 / 3

AP1234567 PELIER, M; , 123 MAPLE

Pharmacies that dispensed prescriptions

FE1111111 EZ DISCOUNT DRUG STORE

Patients that match search criteria

00565547 DATA DUMMY, DOB 10/09/1977

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 2

Patient Rx History Report

DATA DUME

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUME; DOB 10/09/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/09/2012	OXYCODONE-ACETAMINOPHEN 5-325	30.000	10	00565548	BM7654321	10/09/2012	654987	N	BA8888888
10/09/2012	LORAZEPAM 0.5 MG TABLET	60.000	30	00565548	BM7654321	10/09/2012	654988	N	BA8888888

Prescribers for prescriptions listed

BM7654321 MONT, V; , 456 CHAMPLAIN ST,

Pharmacies that dispensed prescriptions

BA8888888 ACME DRUGS; 2 MOUNTAINVIEW DR

Patients that match search criteria

00565548 DATA DUME, DOB 10/09/77; 159 V

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
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Patient Rx History Report

DATA DUMME

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUMME; DOB 09/10/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/12/2012	METHADONE HCL 10 MG TABLET	90.000	30	00565546	AP1234567	10/12/2012	125698	N	AA9999999
10/10/2012	ANDROGEL 1%(5G) GEL PACKET	150.000	30	00565546	AP1234567	10/10/2012	357642	N	AA9999999

Prescribers for prescriptions listed

AP1234567 PELIER, M; , 123 MAPLE SYRUP DR, RUTLAND VT 05701

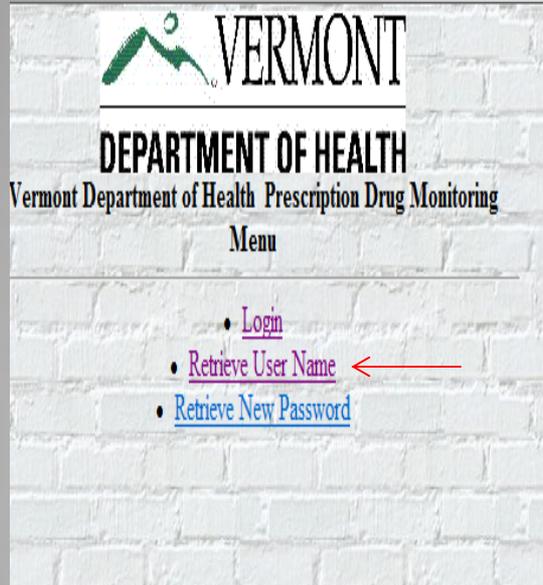
Pharmacies that dispensed prescriptions listed

AA9999999 ABC PHARMACY; 111 PRESCRIPTION AVE, RUTLAND VT 05701

Patients that match search criteria

00565546 DATA DUMME, DOB 09/10/77; 630 STATE ST, RUTLAND VT 05701

Retrieve User Name



VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription Drug Monitoring
Menu

- [Login](#)
- [Retrieve User Name](#) ←
- [Retrieve New Password](#)

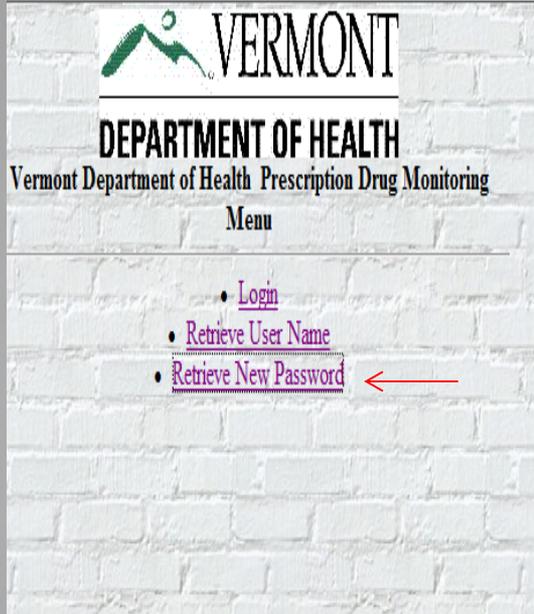
Vermont Department of Health Prescription Drug Monitoring

To Retrieve User Name

Enter Email Address for Account:

Submit

Retrieve Password



The image shows a menu for the Vermont Department of Health Prescription Drug Monitoring system. At the top is the Vermont state logo with the word "VERMONT" in a serif font. Below that, it says "DEPARTMENT OF HEALTH" in a bold, sans-serif font, followed by "Vermont Department of Health Prescription Drug Monitoring" in a smaller font. Underneath is a "Menu" section with a horizontal line. The menu items are: "• [Login](#)", "• [Retrieve User Name](#)", and "• [Retrieve New Password](#)". A red arrow points to the "Retrieve New Password" link.

Vermont Department of Health Prescription Drug Monitoring

To Retrieve a New Password

Enter the User Name for Account:

An email will be sent to the email address for the user name entered and the email will contain a new system generated temporary password.

Log Out



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription
Drug Monitoring Menu

[Report Instructions](#)

[Practitioner/Pharmacist Query](#)

[View Query Status](#)

[Log Out](#) ←

[Change Password](#)

You Have Successfully Logged Out

To ensure your logon credentials (user name and password) are not used by an unauthorized individual to access RxSentry, it is important that you log out of the system when you have completed your session. To do so, click **Log Out** from the RxSentry menu, and then close your internet browser.

Note: Clicking **Log Out** closes your session and allows you to reenter the system by simply supplying your password. If you do not plan to use the system for a period of time, click **Log Out**, and then **close ALL open Internet browser windows** to prevent another user from inadvertently attempting to access your session.

Log back In



VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription
Drug Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Content-Type:text/html



Session Timeout

**Your session has expired due to inactivity.
Please type in your password to reactivate your session.**

User Password:

Change Password



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug

Monitoring Menu

[Report Instructions](#)

[Practitioner/Pharmacist Query](#)

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[Log Out](#)

[Change Password](#)

Please enter your current password and then enter a new password.

Current Password:

New Password:

Confirm New Password:

Password requirements:

1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z),

1 digit (e.g., 0-9) and at least 8 characters in length

Password must not contain the characters | & ; \$ % ' ' " \ ~ < > () + ! ? , ^ *

For additional assistance with establishing a password, contact the PDMP Technical Support Desk at 1-800-225-6998 (option 8)

Important Numbers

Your PIN # required for assistance
866 793 3149 number you call for
assistance

15 minutes: how long the query will
display on the screen

14 days: how long the query is the
query status