



DEPARTMENT OF HEALTH

Vermont Prescription Monitoring System
Vermont Department of Health
Division of Alcohol and Drug Abuse Programs
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
Tel: (802) 652-4147

Request for Individual's Own Vermont Prescription Monitoring System Information

Please Print or Type and Use Full Name, not Initials

Name: _____

Date of Birth: _____

Street Address: _____

City/County: _____ State: _____ Zip/Postal Code: _____

Telephone Number: _____

Specific time period to be covered in report: _____

Signature: _____ Date: _____

The original signed form shall be delivered by mail or in person to the Department, Division of Alcohol and Drug Abuse Programs office. To receive the requested information, the patient shall appear personally and produce a valid government issued photographic proof of identity at the Department, Division of Alcohol and Drug Abuse Programs office, or at one of the Department's District Offices. The patient may choose to share, or choose not to share the information received from the VPMS database pursuant this section without restrictions.