MONTANA PRESCRIPTION DRUG REGISTRY
MONTANA BOARD OF PHARMACY
P.O. Box 200513 (301 S. Park, 4th Floor – Delivery) Helena, MT 59620-0513
Phone: (406) 841-2240
EMAIL: dlibsdmpdr@mt.gov   WEBSITE: www.mpdr.mt.gov

FEDERAL AGENCY PHARMACY APPLICATION

INSTRUCTIONS: The purpose of this application is to allow Federal Agency Pharmacies to report controlled substance prescriptions to the Montana Prescription Drug Registry (MPDR).

Complete all fields on this form and submit it to the MPDR via email at dlibsdmpdr@mt.gov. You will be notified by email when your account has been established, and that email will tell you what your next steps should be. If you don't hear from us within 5 business days following our receipt of this form, please check your junk mail folders for messages from dlibsdmpdr@mt.gov or pdrassistance@egovmt.com.

FACILITY INFORMATION (*please print or type)*:

Facility Name:

DBA/Trade Name:

Agency Affiliation (IHS, VA, etc.)

Pharmacy FEIN: _____   Pharmacy DEA #: _____

Name of Pharmacist In Charge:

Facility Address:

City, State, Zip:

Phone Number: _____   Fax: _____

The email address listed in this section will be used for all communications from the MPDR; please provide an email address you will check on a regular basis.

Email Address:

METHOD OF DATA SUBMISSION:

Please review our technical specifications at www.pdrregistration.mt.gov to identify the method of data submission that best suits your needs. Select one of the following:

_____ Secure Transmission: Our technical staff will establish an automated sFTP connection with the MPDR.

_____ Manual Upload: We will log in to the MPDR website and upload our weekly data file or zero report.

_____ Data Entry: We are not automated, so we will manually enter all controlled substances into the MPDR system.

TECHNICAL CONTACT (*if different than above)*:

This person should be able to answer any questions regarding the technical details surrounding the file or file submission.

Name:

Phone: _____   Fax: _____

Email: