

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



INDIVIDUAL REQUEST FOR INFORMATION

INSTRUCTIONS:

Any individual may request a report of their own information from the Montana Prescription Drug Registry (MPDR). Individuals are only allowed to request their own information. To obtain a report from the MPDR, an individual must:

1. Fill out this Request Form / Confidentiality Agreement.
2. Submit a notarized copy of this form to us via email to dlibsdpdr@mt.gov.

You will receive the MPDR report via secure email delivered to your personal email address. This report will contain the controlled substance prescriptions dispensed to you in the last 3 years as reported by Montana licensed pharmacies. This information may not be used for commercial purposes or as evidence in any civil or administrative action. (MCA 37-7-1506 (4)(b)).

PERSONAL INFORMATION:

Please print or type.

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Personal Email Address: _____ Home phone: _____

TERMS OF USE AND CONFIDENTIALITY AGREEMENT:

Read and initial the following statements:

____ I understand that I am solely responsible for the security and confidentiality of reports delivered to me.

____ I understand that the Montana Prescription Drug Registry only contains 3 years of controlled substance prescriptions reported by Montana licensed pharmacies.

____ I understand that Montana Prescription Drug Registry information may not be used for commercial purposes or as evidence in any civil or administrative action. (MCA 37-7-1506 (4)(b)).

I hereby attest that all information contained in this request form is accurate and complete.

Signature: _____

Date: _____

Print Name: _____

Continued on next page.....

NOTARY STATEMENT:

State of _____, County of _____

Signed and sworn to (or affirmed) before me on _____
(date)

by _____
(Name of Person)

who presented the following government-issued identification to me: _____

(list the type of ID presented [i.e., driver's license, etc.] and the identification number contained on that ID)

Notary Signature: _____

Name (typed, printed or stamped): _____

Title: _____

Residing at: _____ My commission expires: _____

FOR USE BY MPDR STAFF ONLY:

Date Request Received: _____ ID Verified by: _____

Identification Submitted: Document Number: _____

___ Driver's License (Issuing State: _____) ___ Passport ___ Other: _____

Request Approved: ___ Yes ___ No Denial Reason: _____

Report Created By / Date: _____

Notes: