



Prescription Drug Monitoring Program (PDMP) Enrollment Data Request Form

**Instructions/Process:**

- Please complete all blanks and questions. Incomplete requests will be returned.
- Requests may be faxed, mailed, or e-mailed to the Oregon Health Authority's PDMP
- Once a request has been reviewed and determined to be appropriate the Oregon PDMP will contact the requestor and solicit an excel or CSV file containing a list of all the providers that the requestor would like checked against the PDMP registry. This list requires the following information is included:
DEA number, First and Last name, middle initial, Designation (MD, DO, etc.)
- The OR PDMP will then prepare and return a list of enrolled and non-enrolled providers based on the provided file. The returned list will not contain DEA numbers. This list will only indicate enrollment in the PDMP and will contain no information regarding use or patient information.

E-mail: pdmp.health@state.or.us **Fax:** 971-673-0990 **Address:** PDMP 800 NE Oregon ST, Ste. 730 Portland, OR 97232

Use Agreement: This data is provided to enhance the ability of facilities, systems, and practices to increase internal PDMP enrollment efforts. PDMP enrollment data cannot be used to evaluate practitioner's professional practice or for commercial use.

Requestor Information:

First Name:	Last Name:	Middle I:
Facility/Organization:	Position/Title:	Phone:
Address:	Email:	Today's Date:

Describe your project:	
Plan to disseminate:	
Print Name:	Signature: