



Prescription Monitoring Program

2600 Bull St.
Columbia, S.C. 29201-1708
Phone: (803) 896-0688

PRACTITIONER / PHARMACIST DATABASE ACCESS REQUEST

New Update Terminate

Pursuant to S.C. Code Ann. § 44-53-1680(B) and (C), a person who knowingly discloses, or uses this information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

REQUESTOR INFORMATION

PRINT OR TYPE

Practitioner/Pharmacist Name _____

State Board License # _____

- | | | |
|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> MD | <input type="checkbox"/> RPh | <input type="checkbox"/> DO |
| <input type="checkbox"/> DMD/DDS | <input type="checkbox"/> PA-C | <input type="checkbox"/> APRN |

DEA # (Practitioner) _____

DEA # (Pharmacy) _____

Primary Practice Location Name _____

Practice Location Street Address _____

Practice Location Mailing Address _____

City _____ County _____ State _____ Zip _____

Area Code & Telephone # _____ Fax # _____ E-mail Address _____

Proposed Password _____

(Must be at least 8 characters, (1) upper case, (1) lower case and (1) number, no dictionary words or names.)

I certify that the information I request will be kept confidential, and I understand that I will be held liable for any breach of that confidentiality.

Signature of Affiant _____

Date _____

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

AFFIDAVIT

Before me, the undersigned authority in and for the State of South Carolina, personally appeared:

_____,
who is known to me and who after being first duty sworn deposes and says that the above and foregoing document is true and correct to the best of his/her knowledge, information, and belief formed after reasonable inquiry.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Seal
Notary Signature _____

FOR DEPARTMENT USE ONLY

| | | | |
|---------------|---|-----------|----------------|
| Date Received | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Signature | Date of Action |
|---------------|---|-----------|----------------|