State of South Dakota – Board of Pharmacy
Prescription Drug Monitoring Program
4001 W. Valhalla Blvd. – Suite 106
Sioux Falls, SD 57106
P – 605-362-2737 F – 605-362-2738 W – www.pharmacy.sd.gov

PROFILE REQUEST - PRESCRIBER

INSTRUCTIONS:

1. Complete all fields. Incomplete requests will be returned.
2. The prescriber making the request must sign the request. STAMPED SIGNATURES ARE NOT ACCEPTED.
3. Fax, mail, or scan and email this form to the SDPDMP, Board of Pharmacy's office.
   a. Fax number: 605-362-2738
   b. Email: sdpdmp@state.sd.us
4. Please call the board's office if you have any questions regarding the SDPDMP – 605-362-2737.

PATIENT'S INFORMATION

Name: Last _____ First _____

AKA _____ Date of Birth _____

Address _____ City, State, Zip _____

Date Range _____
(Data available 3 years in the past from today)

PRESCRIBER INFORMATION

Name: First _____ Last _____ Title _____

License No: _____ Clinic or Facility Name _____

Address _____ City, State, Zip _____

Phone No _____ Fax No _____ Email _____

I certify this patient is under my medical care or has requested my care.

Signature _____ Date _____

THIS PROFILE WILL BE SENT BY SECURE EMAIL

PDMP OFFICE USE ONLY

Date Received _____ Prepared/Sent by _____

☐ No Data

☐ Secure Email