GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

DIVISION OF ENVIRONMENTAL HEALTH
GUAM PRESCRIPTION DRUG MONITORING PROGRAM
LAW ENFORCEMENT/REGULATORY AGENCY
REQUEST FOR PDMP DATA

Requester Information:

Name:_____ Division/Board:_____

Badge # (If law enforcement):_____ Agency:_____

Agency Address:_____
Street City State Zip
(The report will be mailed to this address unless "Pick up results" box is checked.)

Pick up results: ☐ Yes ☐ No

Email Address:_____ Phone Number: _____

Is this request for data on a prescriber or a patient? ☐ Prescriber ☐ Patient

Patient/Prescriber Information:

Name:_____ Date of Birth:_____
(Where possible, please provide any other available information below to narrow your request to a particular individual.)

Agency Address:_____
Street City State Zip

Other identifying information:_____

Date range of the report:_____ Case Number:_____

I acknowledge and verify the following:

- The information I am accessing is for a suspect whom I am currently investigating; and
- If I release, obtain, or attempt to obtain information from the program in violation of Title 26 GARR, Chapter, 4, Article 18, §41819 or §41820, I may be subject to civil or criminal penalties or liabilities under the law.

_____ _____
Authorized law enforcement/regulatory representative signature Date

_____ _____
Supervisor of representative Date

Mail to: Guam PDMP, Division of Environmental Health, Department of Public Health & Social Services, 155 Hesler Place, Hagatna, Guam 96910
Email to: dphss-pdmp@dphss.guam.gov

For Internal DEH use only:

Request: ☐ **Approved** ☐ **Disapproved** _____ **Initials**