



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

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

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

Requester Information:

Name: _____ Division/Board: _____

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

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

Pick up results

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.

Address: _____
Street City State Zip

Other identifying information: _____

Date range for 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, Article 18, §41811 or §41812, 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, 123 Chalan Kareta, Mangilao, GU 96913-6304

Email to: dphss-pdmp@dphss.guam.gov

For internal DEH use only:

Request _____ Approved _____ Disapproved _____ Initials _____