

**Kansas Prescription Drug Monitoring Program**

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K-TRACS
Request for Prescription Data-
KSBHA
Form K-50

SUPPORTING DOCUMENTATION

Information requested on this form is confidential and provided pursuant to K.S.A. 65-1685(a) and (c). The PMP will be researched based on the exact information provided. All applications must be typed and complete in order to be processed. Errors and omissions will result in incorrect or zero returns and will require a written correction from the requestor.

Agency	
Date of Request	Investigation # and/or Case #

Please select one or more boxes below. All fields are required in order to process your request.

 PATIENT Rx HISTORY

First Name	Last Name
Date of Birth	Date Range (Oldest date is 7/1/2010)

 PRESCRIBER ACTIVITY REPORT FOR ALL PATIENTS

Prescriber DEA #	Prescriber Name	Date Range (Oldest date is 7/1/2010)
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 PRESCRIBER ACTIVITY REPORT FOR ONE PATIENT ONLY

Prescriber DEA #	Prescriber Name
Patient First Name	Patient Last Name
Date of Birth	Date Range (Oldest date is 7/1/2010)

 PRESCRIBER PATIENT Rx HISTORY LOOKUP REPORT FOR ALL PATIENTS

Prescriber DEA #	Prescriber Name	Date Range (Oldest date is 7/1/2013)
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 PRESCRIBER, PROVIDER, & DISPENSER PATIENT Rx HISTORY LOOKUP REPORT FOR ONE PATIENT

First Name	Last Name
Date of Birth	Date Range (Oldest date is 7/1/2013)

ADDITIONAL DETAILS

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SIGNATURE

DATE SIGNED

SIGNATURE

DATE SIGNED

PRINTED NAME

PRINTED NAME

TITLE

TITLE