

**Kansas Prescription Drug Monitoring Program**

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K-TRACS
Request for Prescription Data-
Law Enforcement
Form K-70

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. Errors and omissions will result in incorrect or zero returns and will require a written correction from the requestor. All requests must be complete before they will be processed by staff.

Date of Request		Investigation # and/or Case #	
Agency			
Street Address		Phone	
City	State	Zip	
Contact Name		Contact E-mail	

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

<input type="checkbox"/> PATIENT Rx HISTORY (Summary of prescriptions dispensed to the patient with corresponding prescriber & pharmacy information will be provided.)			
First Name		Last Name	
AKA (If Any)		Date of Birth	
Start Date (Oldest date is 7/1/2010)		End Date	
Last Known Address			
City	State	Zip	
<input type="checkbox"/> PRESCRIBER ACTIVITY REPORT (Summary of prescriptions prescribed by specified DEA # with corresponding patient and pharmacy information.)			
Prescriber DEA #		Prescriber Name	
Start Date (Oldest date is 7/1/2010)		End Date	

DELIVERY INFORMATION

<input type="checkbox"/> MAIL (CD)			
Agency		Attn:	
Address			
City	State	Zip	
<input type="checkbox"/> E-MAIL (SECURE)			
E-mail Address		Attn:	

 PRINTED NAME

 TITLE

 SIGNATURE OF LAW ENFORCEMENT OFFICER MAKING REQUEST

 DATE SIGNED