



**Kansas Prescription Drug Monitoring Program**  
 800 SW Jackson, Suite 1414  
 Topeka, Kansas 66612-1244  
 Ph: (785) 296-6547 Fax: (785) 296-8420  
 Submit form to: **pmpadmin@ks.gov**

**K-TRACS**  
**Request for Prescription Data-**  
**State Agency**  
**Form K-100**

**SUPPORTING DOCUMENTATION**

Information requested on this form is confidential and provided pursuant to K.S.A. 65-1685(a) and (c). The PDMP 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.

**INVESTIGATIVE PATIENT SEARCH REQUEST** (Displays patient's prescription history for the timeframe requested)

First Name	Last Name
Date of Birth	Date Range (dates after 7/1/2010)

**PRESCRIBER ACTIVITY REQUEST** (Displays prescriptions prescribed by DEA number and corresponding patient information)

Prescriber DEA #	Prescriber Name	Date Range (dates after 7/1/2010)
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**PRESCRIBER ACTIVITY REQUEST FOR ONE PATIENT ONLY** (Displays prescriptions only for prescriber and patient listed)

Prescriber DEA #	Prescriber Name
Patient First Name	Patient Last Name
Date of Birth	Date Range (dates after 7/1/2010)

**PRESCRIBER PATIENT LOOKUP REPORT** (Displays all patients for whom a prescriber has requested prescription history)

Prescriber DEA #	Prescriber Name	Date Range (dates after 7/1/2013)
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**PATIENT HISTORY REQUEST** (Displays all K-TRACS users requesting prescription history for the patient)

First Name	Last Name
Date of Birth	Date Range (dates after 7/1/2013)

**ADDITIONAL DETAILS** (include additional DEA numbers or other details you want to include in your search)

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\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE SIGNED