

**Kansas Prescription Drug Monitoring Program**

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

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. **This form MUST be accompanied by a subpoena or warrant for information to be provided to the requesting agency.**

Date of Request		Investigation # and/or Case #	
Agency (may include ORI #)			
Street Address		Phone	
City	State	Zip	
Contact Name		Contact Email	

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

<input type="checkbox"/> INVESTIGATIVE PATIENT SEARCH REQUEST (Displays patient's prescription history for the timeframe requested)			
First Name		Last Name	
AKA (If Any)		Date of Birth	
Start Date (within the last 5 years)		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 (within the last 5 years)		End Date	
<input type="checkbox"/> 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 (within the last 5 years)	

DELIVERY INFORMATION

<input type="checkbox"/> EMAIL (SECURE)	
Email Address	Attn:

 PRINTED NAME

 TITLE

 SIGNATURE OF LAW ENFORCEMENT OFFICER MAKING REQUEST

 DATE SIGNED