K-TRACS	**Kansas Prescription Drug Monitoring Program** 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.ktracs.ks.gov (785)296-6547 pmpadmin@ks.gov Fax (785)296-8420	**K-TRACS** **Request for Prescription Data-** **Patient or Patient's Authorized Rep** Form K-80

A patient, or a patient's authorized representative, may obtain a report listing all prescription monitoring program information that pertains to the patient directly from the Kansas Board of Pharmacy. **However, the most common and accurate way for patients to find out what prescriptions have been attributed to them in the database is by talking to their health care providers.**

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. Errors and omissions will result in incorrect or zero returns and will require a written correction from the requestor. All requests must be complete with required attachments before they will be processed by staff. If your request is processed, you will be contacted to schedule pickup.

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

☐ **PATIENT** (Must attach valid photo identification)			
First Name		Last Name	
Date of Birth	Start Date (within last 5 years)	End Date	
Address			
City		State	Zip
Phone Number (if available)		Email address (if available)	

☐ **AUTHORIZED REPRESENTATIVE** (Must attach valid photo identification and proof of legal authorization)		
First Name	Last Name	
Address		
City	State	Zip
Phone Number (if available)	Email address (if available)	

PATIENT SIGNATURE _____ DATE SIGNED _____

AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE SIGNED _____

NOTARY PUBLIC USE ONLY

SUBSCRIBED AND SWORN TO BEFORE ME IN THE COUNTY OF _____, STATE OF _____,

THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC _____

MY COMMISION EXPIRES _____