

Patient Prescription Correction Request

Prescription Drug Monitoring Program - IVPP
PO Box 14450
Portland, OR 97293-0450
Phone: 971-673-0741
FAX: 971-673-0990

Patient Information (all lines must be completed):

Patient Name: _____

Patient DOB: _____ Patient Phone Number: _____

Patient Address: _____

Pharmacy Information:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____

Prescription Information (Please complete as much as you can. Use reverse side for multiple prescriptions):

Name of prescriber: _____

Date of prescription: _____

Prescription number: _____

Prescribed drug and quantity: _____

Description of Error (Use reverse side for multiple prescriptions):

- Incorrect Medication Incorrect Quantity Incorrect Date Missing Prescription Other

SIGNATURE: _____ **DATE:** _____

All information entered in the Prescription Drug Monitoring Program (PDMP) comes from pharmacies. The pharmacy is the entity that needs to correct the information in their system and submit a corrected record to the PDMP. With your completed request and inclusion of the authorization form the PDMP will contact your pharmacy on your behalf to notify them of this error and request that they investigate and submit any necessary correction(s) to the vendor Health Information Design.