******Prescription Drug Monitoring Program (PDMP)   
Enrollment Data Request Form

**Instructions/Process:**

* Please complete all blanks and questions. Incomplete requests will be returned.
* Requests may be mailed, or e-mailed to the Oregon Health Authority’s PDMP
* Once a request has been reviewed and determined to be appropriate the Oregon PDMP will contact the requestor and solicit an excel or CSV file containing a list of all the providers that the requestor would like checked against the PDMP registry. This list should include the following information:   
  First and Last name, middle initial, Designation (MD, DO, etc.), license number, NPI, and DEA registration.
* The OR PDMP will prepare and return a list of enrolled and non-enrolled providers based on the submitted list. The returned file will not contain DEA numbers. The file will indicate PDMP enrollment status and will contain no information regarding use or patient information.

**E-mail**: pdmp.health@state.or.us **Address**: PDMP 800 NE Oregon ST, Ste. 730 Portland, OR 97232

**Use Agreement:** This data is provided to enhance the ability of facilities, systems, and practices to increase internal PDMP enrollment efforts. PDMP enrollment data cannot be used to evaluate practitioner’s professional practice or for commercial use.

Requestor Information:

Describe your project:

Plan to disseminate:

Print Name: Signature:

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| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | Middle I:  Click here to enter text. |
| Facility/Organization:  Click here to enter text. | Position/Title:  Click here to enter text. | Phone:  Click here to enter text. |
| Address:  Click here to enter text. | Email:  Click here to enter text. | Today’s Date:  Click here to enter a date. |