



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Healthcare Branch
Colorado Prescription Drug
Monitoring Program (PDMP)

LAW ENFORCEMENT FORM FOR PDMP DATA

OFFICER INFORMATION:

Name: _____ Division: _____ Badge Number: _____

Agency Address: _____
Street City State Zip

Email address: _____ Phone number: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Where possible, please provide any other available information to narrow your request to a particular individual. Such information may include known addresses and/or other identifying information.

Address: _____
Street City State Zip

Other identifying information: _____

REQUEST INFORMATION:

Date range for the patient report: _____ Case Number: _____

Attach a copy of the subpoena or court order.

I acknowledge and verify the following:

- The information I am accessing is for a suspect whom I am currently investigating and
- If I release, obtain, or attempt to obtain information from the program in violation of CRS 12-42.5-400, I may be fined for each violation and may be subject to other civil or criminal penalties or liabilities under the law.

In the event the attached subpoena or court order was issued by a court in a jurisdiction outside of the State of Colorado, in addition to the above I further acknowledge and verify the following:

- The release of information shall not constitute an acceptance of jurisdiction over the Colorado State Board of Pharmacy (Board) by the issuing court for any purpose beyond the release of the information that is specifically requested in the attached subpoena or official court order.

Authorized law enforcement representative signature: _____

_____ Date:

Mail to 1560 Broadway, Ste. 1350, Denver, CO 80202

Fax to 303-869-0133

E-Mail to pdmpinqr@state.co.us

