



**New Mexico Regulation and Licensing Department  
BOARDS AND COMMISSIONS DIVISION  
Board of Pharmacy**

5500 San Antonio Drive NE · Suite C · Albuquerque, New Mexico 87109  
Phone (505) 222-9830 or toll free (800) 565-9102 · Fax (505) 222-9845  
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

**PERSONAL REQUEST FOR  
PRESCRIPTION MONITORING PROGRAM INFORMATION**

**Pursuant to 16.19.29.9:**

D. The board shall be authorized to provide PMP information to the following persons:  
(12) a living individual who requests his or her own PMP report in accordance with procedures established under Subsection D of Section 61-11-2 of the Pharmacy Act, NMSA 1978 and Subsection H of 16.19.6.23 NMAC, or an agent authorized by the living individual along with a valid HIPAA release form or court issued subpoena; or  
(13) a parent to have access to the prescription records about his or her minor child, as his or her minor child's personal representative when such access is not inconsistent with state or other laws;

**Requestor's Information:**

Name of Requestor (Last, First): \_\_\_\_\_  
 Driver's License Number or other Government ID: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Individual's Information:**

Name of Individual (Last, First): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby request a printout of the dispensed controlled substance prescriptions for the above named individual for the date period above by pharmacies submitting information to the New Mexico Controlled Substance Prescription Monitoring Program. Please note that requests can take up to 1 week to process.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUESTS NOT SUBMITTED IN PERSON MUST BE NOTARIZED**

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_

**Email completed form to [nm.pmp@state.nm.us](mailto:nm.pmp@state.nm.us) or  
Mail completed form to the NM BOP**