Nova Scotia Prescription Monitoring Program
PO Box 2200, Halifax, NS B3J 3C6
T 902.496.7123 F 902.481.3157
TF 1.877.476.7767
www.nspmp.ca

Request for a Monitored Prescription History
(One request per form)

Requested By: _____ **Title:** _____

Police Agency:_____

Contact Number: _____ **Fax:** _____

Patient Name: _____

Patient Address:_____

Healthcard Number: _____ **DOB:** _____

Period Requested (Claim Dates): _____ **to** _____
YYYY/MM/DD **YYYY/MM/DD**

Reason for Request (must be clear and justifiable or the information cannot be released):

Signature: _____ **Date:** _____

Note: *In accordance with the Nova Scotia Prescription Monitoring Program's mandate to promote the appropriate use; and reduction of misuse and/or abuse of monitored drugs, the Program has the ability to share information provided on this form with the individual's prescriber and/or pharmacy.*

☐ Please check if you would like this information shared with appropriate prescribers and/or pharmacies. The NSPMP may contact you for clarification or additional information regarding this request.

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Revised September 24, 2015