

FORGED or STOLEN PRESCRIPTION REPORT FORM

While we will discuss forgery reports by phone, we require use of this form to complete the formal administrative process. Once complete, please email this form to countee.gilliam@dc.gov, or fax it to (202) 442-4767; attention Investigator Countee Gilliam.

Name and address of registrant: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____ Fax: _____

PRINCIPAL BUSINESS: CHECK ONE

PHARMACY HOSPITAL/CLINIC PRACTITIONER OFFICE OTHER: _____
Specify

FORGED or STOLEN PRESCRIPTION DETAILS:

Complete all applicable fields. If the line item is not applicable, please write 'N/A' in the space provided.

1. Prescription Delivery or Transmission: CHECK ONE
 Walk-in Phone-in Telephone facsimile Electronic mail Mail Other: _____
Specify

2. Name of practice listed on prescription: _____

3. Practice Location listed on prescription: _____

4. Prescriber's name listed on prescription: _____ 5. Prescriber phone number listed on prescription: _____

6. If this was a call-in, name used by caller: _____ 7. Date on prescription: _____ 8. Date script presented: _____

9. Patient name listed on prescription: _____ 9 (a). Is this a current or former patient? (If yes complete question 10): _____

10. Last known address and phone number of patient: _____

11. Name of drug(s) listed on prescription: _____

12. Drug quantities listed on prescription (if not listed write none): _____

13. Name and address where the prescription was submitted: _____

14. Was the prescription filled?: _____ 15. If prescription pad was stolen; location stolen from: _____

16. Any other pertinent details (photocopied prescription, spelling errors of prescriber/drug/practice/SIG code, description of person presenting script, etc.): _____

17. Has this matter been reported to law enforcement?: _____ (If yes); Name of agency and report number: _____

Please attach copies of the prescription, photographs, or any documentation related to the lost/stolen/forged prescription.

Submit questions to Investigator Countee Gilliam, at (202) 442-9369, or email countee.gilliam@dc.gov.

Print name _____ Title _____ Signature _____ Date _____

899 North Capitol St NE 2nd Floor, Washington, DC 20002, 202-724-8800, 202-442-4767 (fax), <http://doh.dc.gov/pcd>