

DC PDMP DENIAL WAIVER FORM

Facility Name

DC License Number

Facility Street Address

DC Controlled Substance Number

City, State, Zip

DEA Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
EWWWEE

Representative Name (Printed)

Phone Number

Title

Email address

Signature

Date

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yUv v\$ vA AE X

Date Received (mm/dd/yy)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Term (mm/dd/yy)	Expiration\$ (mm/dd/yy)	Director or Designee Signature	Date of\$ (mm/dd/yy)
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Reason for denial: _____
(Please limit to 60 characters, including spaces)