State of West Virginia
Board of Pharmacy

Phone (304) 558-8411
Fax (304) 558-0474

Office
232 Capitol Street
Charleston, West Virginia 25301

CONTROLLED SUBSTANCES MONITORING PROGRAM

PRACTITIONER REQUEST FORM FOR PSEUDOEPHEDRINE

PLEASE FILL OUT COMPLETELY. WILL BE FAXED BACK IF ANY FIELDS ARE LEFT BLANK

Subject's Name: _____
First Middle Last

Address: _____

_____ _____ _____ _____
City County State Zip Code

Date of Birth: _____ (cannot process without birth date)

Aliases (if known):

Report Period Requested: From _____ to _____
Date Date

_____
Facility Name

_____
Printed name of Practitioner/PAC/CNP

_____ _____
Street Address DEA #

_____
City, State, Zip

_____ _____
Telephone FAX

I certify that the information will be used for the purpose of providing medical or pharmaceutical treatment.

_____
Signature of Practitioner/PAC/CNP