

Prescription Monitoring Program Enrollment Form

For Military Treatment Facility use only

Fax to 866.579.4662 or call 866.333.1348 for alternative CAC encryption submission option

**Contact information is required from authorized MTF personnel (RPh,MD,RN)

A checkbox must be selected when the request form is submitted**

New Request

Modify Existing Request

Reinstatement

Date

Restricted Beneficiary's Information

Last Name:
DOD ID Number:

First Name:
Birth Date:

M.I.:

Step 1: Choose Lock Type (select ONE ONLY)

TYPE I LOCK

Restrict **all medications**

TYPE II LOCK

Restrict **all controlled meds** or a **selected drug schedule**

II III IV V

TYPE III LOCK

Restrict **specific medications** or medication **class**

Restricted Drug

Short Acting Opioids

Benzodiazepines/Barbiturates

Long Acting Opioids

Amphetamines

Stimulants

Step 2: Set Authorized Provider and/or Pharmacy

Authorized Provider(s)

Add/Remove Provider Name

DEA/NPI

Authorized Pharmacy(ies) (select ONE ONLY)

All MTF Pharmacies on Site
Site Name:

Specific MTF Pharmacy
(include all applicable NPIs)

Retail Pharmacy Name and
Address (NPI if known)

Remove Pharmacy (include
all applicable NPIs)

**Additional
Comments**

Requestor POC Information

***Required to complete restriction**

Reason for Request

Restricting MTF Site

RN/RPh/MD Email

Phone

MTF
Hospital

Signature

POC contact information can be provided to patient

Patient has been notified of restriction