



**South Carolina Department of Health and Environmental Control
 Prescription Monitoring Program
 2600 Bull St., Columbia, S.C. 29201-1708
 Phone: (803) 896-0688**

**REQUEST FOR INDIVIDUAL'S OWN CONTROLLED SUBSTANCES
 REPORTING SYSTEM INFORMATION**

In accordance with S.C. Code Ann. § 44-53-1650(D)(2), "Drug Control may provide data in the prescription monitoring program to the following persons: ... an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;"

PLEASE PRINT OR TYPE AND USE FULL NAME

Name (First, Middle, Last, Suffix (Jr., Sr., III))		Date of Birth
Street Address		City, State, Zip Code
Area Code and Telephone Number		Specific time period to be covered in report:

A prescription history report provides an overview of prescription activity over time. There may be a delay of up to 72 hours from the time a prescription is dispensed by a pharmacy or prescriber until the data is available in the Prescription Monitoring Program (PMP) system. The requested information is based on the search criteria utilized and the data entered by the dispensing entity. Hence, the PMP does not warrant any report to be accurate or complete. For more information about any prescription in a PMP report or to verify a prescription, contact the dispensing pharmacy or prescriber.

Individual's Signature: _____ **Date:** _____

Subscribed and sworn to before me in the County of _____,

State of: _____ this _____ day of _____, 20____.

Notary Public Seal

NOTARY PUBLIC

My Commission expires: _____

Mail the following items to the SC Prescription Monitoring Program at the address above:

- ***Notarized Individual's Own Controlled Substance Request Form***
- ***Copy of Current Government Issued photo Identification ***ID Address must match address on this form.***

Pursuant to S.C. Code Ann. § 44-53-1680(B), "A person or persons authorized to have prescription monitoring information pursuant to this article who knowingly discloses this information in violation of this article is guilty of a felony and , upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both."

FOR PMP USE ONLY

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature	Date of Action
----------------------	---	------------------	-----------------------