

**HOTLINE REPORT
FAX TO 775-687-5161**

PLEASE READ THE FOLLOWING INSTRUCTIONS -

Complete as much information as possible. Do not include any other attachments. Upon receipt and review of the information, a hotline MAY be transmitted to all pharmacies in your area.

The Nevada State Board of Pharmacy or the Controlled Substance Task Force does not investigate ANY criminal cases - THIS NOTICE IS SENT AS INFORMATION ONLY BROADCAST. **NO ACTION IS TAKEN BY THE BOARD OR TASK FORCE.**

This information is being provided pursuant to NRS 639.2485(2). The person named herein has not been convicted of any crime at this time. Ask the person for identification and/or seek confirmation of the prescription(s) with the prescribing practitioner.

DATE: _____	
PHARMACY: _____	PHONE: _____
PRACTITIONER: _____	PHONE: _____
REPORTING PERSON: _____	PHONE: _____

ALLEGED OFFENDER: _____					
AKA'S: _____	DOB: _____				
ADDRESS: _____					
PHONE: _____	DL#: _____	SSN: _____			
SEX: _____	RACE: _____	HEIGHT: _____	WEIGHT: _____	HAIR: _____	EYES: _____

I have verified with the practitioner's office and/or pharmacy the following:

- | | | |
|-------------------|---|---|
| ALLEGED OFFENSE: | <input type="checkbox"/> WRITTEN FORGERY | <input type="checkbox"/> STOLEN Rx BLANKS |
| | <input type="checkbox"/> PHONED FRAUD | <input type="checkbox"/> ALTERATIONS |
| REQUESTED ACTION: | <input type="checkbox"/> VERIFY C/S RX'S BEFORE FILLING FOR THIS PATIENT | |
| | <input type="checkbox"/> CALL LOCAL LAW ENFORCEMENT | |
| | <input type="checkbox"/> VERIFY <u>ALL</u> C/S RX'S FOR THIS PRACTITIONER | |

Signature: _____
(The practitioner, practitioner's agent or the reporting pharmacist must sign this form)