

HOTLINE REPORT

FAX TO 775-687-5161

(01/20/2023)

INSTRUCTIONS

Complete as much information as possible. Upon receipt and review, the information provided may be faxed to all pharmacies in your geographic area for INFORMATIONAL PURPOSES pursuant to NRS 639.2485(2). The Nevada State Board of Pharmacy (Board) and the Prescription Monitoring Program (PMP) does not investigate ANY criminal cases and No LEGAL ACTION will be taken from the information provided.

The dissemination of information from this Hotline Report, by the Board, does not imply that the Board or PMP is making any assertion about the status of any actual or pending criminal action/arrest of the named person. **The Board and PMP requests the involved pharmacy to ask the patient for photo identification and/or seek confirmation of the authenticity of the prescription(s) with the prescribing practitioner. Please fax the completed form and copies of the prescription(s) in question to the number above.**

Reporting Person Name: _____ **Email:** _____
Employer: _____ **Phone:** _____

Pharmacy Name: _____ **Phone:** _____
Drug(s): _____ **Prescription #:** _____
 Prescription Dispensed? Yes No

Practitioner Name: _____ **Phone:** _____
 Practitioner's DEA #: _____

Patient/Suspect Name: _____ **DOB:** _____
Alias: _____ **Sex:** M F X
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **DL#:** _____ **SSN:** _____

Please contact the practitioner's office (or pharmacy) to verify, and provide below, the alleged offense for the prescription(s) in question (choose from the following options):

- Written Forgery Phoned Forgery Stolen Rx Blanks Altered Rx

Please contact the practitioner's office for the prescription(s) in question to determine the action the practitioner would like for pharmacists/pharmacies to implement for future related prescriptions (choose from the following options):

1.	<p>(Choose one)</p> <p><input type="checkbox"/> Verify*</p> <p><input type="checkbox"/> Deny</p> <p>*Provide contact name:</p> <p>_____</p> <p>*Contact Phone#:</p> <p>_____</p>	<p>(Choose one)</p> <p><input type="checkbox"/> all RXs</p> <p><input type="checkbox"/> all CS RXs</p> <p><input type="checkbox"/> all RXs for:</p> <p>_____ (drug name)</p>	<p>(Choose one)</p> <p><input type="checkbox"/> allegedly written by the prescriber for the above patient.</p> <p><input type="checkbox"/> allegedly written by the prescriber.</p>
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2. Notify law enforcement of all forgeries identified.

Signature: _____ Date: _____
 (Report person, practitioner, or pharmacist))