

HOTLINE REPORT

FAX TO 775-687-5161

PLEASE READ THE FOLLOWING INSTRUCTIONS -

Complete as much information as possible. If available, please include a copy of the forged prescription(s) with your hotline request. Upon receipt and review of the information, a hotline MAY be transmitted to all pharmacies in your geographic area.

The Nevada State Board of Pharmacy (Board) and the Prescription Monitoring Program (PMP) do not investigate ANY criminal cases - THIS NOTICE IS SENT AS AN INFORMATION ONLY BROADCAST.
NO LEGAL ACTION IS TAKEN BY THE BOARD OR PMP.

This information is being provided pursuant to NRS 639.2485(2). The publication of this Hotline 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.

Reporting Person: _____	Email: _____
Employer: _____	Phone: _____

Pharmacy: _____	Phone: _____
Drug(s): _____	Prescription #: _____
Prescription dispensed? YES / NO	
Practitioner: _____	Phone: _____
Practitioner's DEA#: _____	
Patient/Suspect: _____	Gender: _____
AKA'S: _____	DOB: _____
Address: _____	
Phone: _____	DL#: _____
	SSN: _____

_____ (initial) I have verified with the practitioner's office (or pharmacy) the following:

<u>Alleged Offense</u>	<input type="checkbox"/> Written Forgery	<input type="checkbox"/> Phoned Forgery	<input type="checkbox"/> Stolen Rx Blanks	<input type="checkbox"/> Altered Rx
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Prescriber's Requested Action for Pharmacies (Please check from the following options)

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

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