



REPORT OF SUSPECTED ERRORS IN WI ePDMP DATA

Instructions:

- Provide as much detail as possible about the suspected error(s) in data available from the Wisconsin PDMP.
- Mail, fax, or secure e-mail the completed form to the Wisconsin PDMP:

Mailing Address:

Wisconsin Department of Safety and Professional Services
 Prescription Drug Monitoring Program (PDMP)
 4822 Madison Yards Way
 Madison, WI 53705-9100

Fax Number:

608-251-3017

E-Mail Address:

PDMP@wisconsin.gov

Prescription Record Information			
Prescription Number(s)	Date Prescribed	Date Dispensed	Prescriber Name
	__ / __ / ____	__ / __ / ____	
Pharmacy/Dispenser Information			
Pharmacy Name	City	State	ZIP Code
Patient Information			
Patient Name		Patient Date of Birth	
		__ / __ / ____	
Description of Suspected Error(s)			
<p>BY SIGNING THIS FORM, I CERTIFY THAT:</p> <ol style="list-style-type: none"> 1) To the best of my knowledge, the information above describes an error or errors with data available from the Wisconsin ePDMP. 2) I understand that the information on this form will be used to verify data submitted to the Wisconsin PDMP by pharmacies and other dispensers. Only the pharmacy or dispenser that submitted the data may correct the data if an error is verified. <u>Data that does not contain verified errors will not be changed under any circumstance.</u> 3) I understand that the Department of Safety and Professional Services, the Controlled Substances Board or their contractors will not modify any data submitted to the Wisconsin ePDMP under any circumstances. 			
Signature			Date
			__ / __ / ____
Name		E-Mail Address (to be used only if follow-up is necessary)	

FOR OFFICE USE ONLY				
Date Received	Determination	Initials	Date of Review	Date of Correction
__ / __ / ____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed		__ / __ / ____	__ / __ / ____