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## PATIENT PDMP DATA REQUEST FORM

### Instructions:

- Provide the information requested below. Incomplete, unsigned, or mailed-in forms that are not notarized will not be processed.
  
- Do one of the following:
  - Appear in person at the address below with two forms of valid proof of identity, one of which is valid government-issued photographic identification, and, if you are requesting PDMP data on behalf of a patient, sufficient proof of the authorization or delegation from the patient.
  
  - Have this form notarized and mail it, along with copies of two forms of valid proof of identity, one of which is valid government-issued photographic identification, to the address listed below. The report will only be mailed to the address on the forms of identification.

**Mailing address:**

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

