



REPORT OF SUSPECTED ERRORS IN WI ePDMP DATA

Instructions:

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

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			
Name	City	State	ZIP Code
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	<input type="checkbox"/> Confirmed	Initials	Date of Review	Date of Correction
	<input type="checkbox"/> Not Confirmed			