



Vermont Prescription Monitoring System  
Vermont Department of Health  
Division of Alcohol and Drug Abuse Programs  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
Tel: (802) 652-4147  
Fax: (802) 651-1573

**Request for an Individual's Own Vermont Prescription Monitoring System Information**

Please Print or Type and Use Full Name, not Initials

Name (First, Middle, Last, Suffix (Jr., Sr., III))

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Specific time period to be covered in report: \_\_\_\_\_

Delivery Method:     Mail         Fax         Will Pick Up at Board Office

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The original signed form shall be delivered by mail or in person to the Department, Division of Alcohol and Drug Abuse Programs office. To receive the requested information, the patient shall appear personally and produce a valid government issued photographic proof of identity at the Department, Division of Alcohol and Drug Abuse Programs office, or at one of the Department's District Offices. The patient may choose to share, or choose not to share, the information received from the VPMS database pursuant to this section without restriction.

**\*\* Office Use Only \*\***  
Date received:

Approved  Denied