pennsylvania
DEPARTMENT OF HEALTH
PRESCRIPTION DRUG MONITORING PROGRAM

Website: www.doh.pa.gov/PDMP
Phone: 844-377-7367 (844-377-PDMP) from M-F 9am to 5pm EST

PATIENT PRESCRIPTION CORRECTION REQUEST

Instructions:

1. Provide the information requested below and return the signed request form with a copy of your current U.S. valid driver's license or other valid government issued photo identification. All asterisk (*) marked fields are required.
2. Mail or e-mail the completed application to:
   Pennsylvania Prescription Drug Monitoring Program Office
   ATTN: Patient Correction Request
   625 Forster Street
   9th Floor, RM 912
   Health and Welfare Building
   Harrisburg, PA 17120

PATIENT INFORMATION			
*First Name:	*Middle Name:	*Last Name:	*Suffix: ❑ Sr. ❑ Jr. ❑ Other____
*Alternative First Name:	*Middle Initial:	*Maiden Name:	
*Gender: ❑ F ❑ M ❑ X	*DOB: MM/DD/YYYY	*Type of identification provided:	
*Street Address:			
*Email:		*Telephone:	
***PHARMACY/DISPENSER INFORMATION**			
*Pharmacy/Dispenser Name:			
*Pharmacy/Dispenser Address:			
***PRESCRIPTION INFORMATION**			
*Physician Name:			
*Prescription Date: MM/DD/YYYY		*Prescription Filled/Picked-up: MM/DD/YYYY	
*Prescription Number(s):			
*Description of the error: ❑ Incorrect Medication ❑ Incorrect Quantity ❑ Incorrect Date ❑ Incorrect Patient Demographics ❑ Other			

pennsylvania
DEPARTMENT OF HEALTH
PRESCRIPTION DRUG MONITORING PROGRAM

Website: www.doh.pa.gov/PDMP
Phone: 844-377-7367 (844-377-PDMP) from M-F 9am to 5pm EST

Email: RA-DH-PDMP@pa.gov

AGREEMENT		
To my knowledge the information provided in this document is accurate. The above describes error or errors identified in the PA PDMP system. I understand that this form with unclear or incomplete descriptions may not be processed. Unsigned forms will not be processed. All the information entered in the PA PDMP system comes from pharmacies or prescribers who dispense in the Commonwealth of Pennsylvania. I understand that the pharmacy or dispenser needs to correct the information in their system and submit a corrected record to the PDMP system. I understand that the PA Department of Health will not modify any data submitted to the PA PDMP system. ***Note:*** With this completed correction request form, the PDMP office will contact your pharmacy or dispenser on behalf of you to notify them of this error and request that they investigate and submit any necessary correction(s) to the PA PDMP AWARxE system via PMP Clearinghouse.		
*Signature:	*Date:	
INTERNAL USE ONLY		
Request Number:	Date Approved:	Date Updated to Pharmacy/Dispenser:
Received by:		
Date Received:	Previous requests:	
Comments/Notes:		