

**Kansas Prescription Drug Monitoring Program**

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**K-TRACS**  
**Request for Prescription Data-**  
**Patient or Patient's Authorized Rep**  
**Form K-80**

A patient, or a patient's authorized representative, may obtain a report listing all prescription monitoring program information that pertains to the patient directly from the Kansas Board of Pharmacy. **However, the most common and accurate way for patients to find out what prescriptions have been attributed to them in the database is by talking to their health care providers.**

Information requested on this form is confidential and provided pursuant to K.S.A. 65-1685(a) and (c). The PDMP will be researched based on the exact information provided. Errors and omissions will result in incorrect or zero returns and will require a written correction from the requestor. All requests must be complete with required attachments before they will be processed by staff. If your request is processed, you will be contacted to schedule pickup.

Please select one or more boxes below. All fields are required in order to process your request.

**PATIENT** (Must attach valid photo identification)

First Name		Last Name	
Date of Birth	Start Date (Oldest date is 7/1/2010)	End Date	
Address			
City	State	Zip	
Phone Number (if available)		Email address (if available)	

**AUTHORIZED REPRESENTATIVE** (Must attach valid photo identification and proof of legal authorization)

First Name		Last Name	
Address			
City	State	Zip	
Phone Number (if available)		Email address (if available)	

\_\_\_\_\_  
 PATIENT SIGNATURE

\_\_\_\_\_  
 DATE SIGNED

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
 DATE SIGNED

**NOTARY PUBLIC USE ONLY**

SUBSCRIBED AND SWORN TO BEFORE ME IN THE COUNTY OF \_\_\_\_\_, STATE OF \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_