

Spokane Pharmacy Association

rev. 9/2014

DRUG ALERT

Provided as a service to the Health Care Community by the Spokane Pharmacy Association

Fax to: 509-202-4382

Person submitting report: _____ Date/Time: _____

Contact phone number: _____ Fax: _____

Title: Please check one: ___pharmacist ___physician ___PA-C ___ARNP ___Other (_____)

NOTE: In order to comply with privacy protection guidelines, only non-protected information may be included. Reports of illegal behavior using a name will **not** be distributed **unless** law enforcement has requested the release. **Prescribers may request that an individual patient contact them directly.**

PHARMACISTS—Please contact individual listed above for more specific information.

NOTICE OF STOLEN/MISSING PRESCRIPTION BLANKS:

Approximate date blanks went missing: _____
Are you aware of any unapproved prescriptions on these blanks being circulated? ___yes ___no
If yes, where were prescriptions presented? _____
(can be specific pharmacy or area of town/county/state)

Prescriber(s) would like to be contacted to verify:

_____ All prescriptions
_____ Controlled substances only
_____ Specific drug: _____

REQUEST TO CONTACT PRESCRIBER: **

The requesting prescriber(s) would like to be contacted regarding:
_____ Prescriptions for Specific Drug: _____
_____ All Controlled Substances: _____
_____ Please have the following patient contact prescriber's office directly.

_____ Patient name/date of birth
**these requests do not imply illegal activity

NOTICE FROM LAW ENFORCEMENT:

Law Enforcement reports the following incident(s):

_____ Attempted forgery _____ Burglary _____ Robbery _____ Other (see below)

Law enforcement has requested that the following information be released:

Description of Activity and/or Suspects: _____

See requested action below:

Requested action: ___ call 911 ___ call Crime Check 456-2233 ___ other _____

Law Enforcement official to contact: _____
_____ Check here if additional bulletins/sketches/etc. are attached.

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