



Office of Substance Abuse  
Department of Health and Human Services

John E. Baldacci, Governor      Brenda M. Harvey, Commissioner

# Prescription Monitoring Program

11 State House Station, 41 Anthony Avenue

Augusta, ME 04333-0011

Phone: (207) 287-3363

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## REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type) Use full name not initials

Name of Pharmacy or Permitted Practitioner		NCPDP Pharmacy Number	
Street Address		Email Address	
City, State	Zip Code	Area Code and Telephone Number	
Pharmacy DEA #			
Name of contact person (printed)			
Signature:		Date:	
Reason for waiver request: (Check one box below.)			
<input type="checkbox"/> The volume of controlled substances dispensed is so low that the dispenser will suffer significant economic hardship if required to report to the Maine's Prescription Monitoring Program: (Please explain below or on a separate page.)			
<input type="checkbox"/> Other: Please provide description below or attach on a separate piece of paper.			

### For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of action
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