



Kansas Prescription Drug Monitoring Program
 800 SW Jackson, Suite 1414
 Topeka, Kansas 66612-1244
 Ph: (785) 296-6547 Fax: (785) 296-8420
 Submit form to: **pmpadmin@ks.gov**

K-TRACS
Request for Prescription Data-
State Agency
Form K-100

SUPPORTING DOCUMENTATION

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. All applications must be typed and complete in order to be processed. Errors and omissions will result in incorrect or zero returns and will require a written correction from the requestor.

Agency	
Date of Request	Investigation # and/or Case #

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

INVESTIGATIVE PATIENT SEARCH REQUEST (Displays patient's prescription history for the timeframe requested)

First Name	Last Name
Date of Birth	Date Range (within the last 5 years)

PRESCRIBER ACTIVITY REQUEST (Displays prescriptions prescribed by DEA number and corresponding patient information)

Prescriber DEA #	Prescriber Name	Date Range (within the last 5 years)
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PRESCRIBER ACTIVITY REQUEST FOR ONE PATIENT ONLY (Displays prescriptions only for prescriber and patient listed)

Prescriber DEA #	Prescriber Name
Patient First Name	Patient Last Name
Date of Birth	Date Range (within the last 5 years)

PRESCRIBER PATIENT LOOKUP REPORT (Displays all patients for whom a prescriber has requested prescription history)

Prescriber DEA #	Prescriber Name	Date Range (within the last 5 years)
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PATIENT HISTORY REQUEST (Displays all K-TRACS users requesting prescription history for the patient)

First Name	Last Name
Date of Birth	Date Range (within the last 5 years)

ADDITIONAL DETAILS (include additional DEA numbers or other details you want to include in your search)

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 PRINTED NAME

 TITLE

 SIGNATURE

 DATE SIGNED