



The State of Wisconsin now requires that ALL prescriptions for monitored prescription drugs (Schedule II-V State and Federal Controlled Substances and Tramadol) be reported to a data repository managed by the Wisconsin Department of Safety and Professional Services (DSPS). If the dispensed drug is a compound and one or more of the components is a monitored prescription drug, dispensers should only collect information on the components that are monitored prescription drugs. This form may be used with permission from the DSPS.

Fax: (888) 288-0337
Phone: (800) 225-6998

Fax or Mail to:
Health Information Designs, LLC

391 Industry Dr.
Auburn, AL 36832

PATIENT INFORMATION

First Name MI Last Name*
DOB* / / Gender Female Male Unknown
Address* City* State* ZIP*

*If the patient is an animal, the owner of the animal's information should be collected.

DISPENSER INFORMATION

Dispenser Name DEA* NPI (if available)
Phone Number State License # (if available)

*DEA number must be provided if the dispenser has one.

PRESCRIPTION INFORMATION

Prescription # 1 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

*DEA number must be provided if the prescriber has one.

PRESCRIPTION INFORMATION

Prescription # 2 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

*DEA number must be provided if the prescriber has one.

PRESCRIPTION INFORMATION

Prescription # 3 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

*DEA number must be provided if the prescriber has one.