

HEALTH CARE PROVIDER RECORD

Ohio Department of Mental Health

Central Pharmacy Outpatient

2150 West Broad Street Phone 614-752-0150
Columbus, Ohio 43223-1200 Fax 614-752-0151

Prescriber Data Record

The pharmacy is required to maintain a means of identifying the signatures of prescribers as well as their Drug Enforcement Administration (DEA) numbers.

Please provide the information requested below and return this form to the pharmacy prior to or with the first written prescriptions by the prescriber.

NAME OF CLINIC _____

CLINIC NUMBER _____

Date form is mailed/faxed to pharmacy _____

Prescriber's Name _____

(and designation ex. MD, DO, CNP, etc)

Please print **legibly**

Address

(office address)

Phone Number

(office)

Phone Number

(where you can be reached)

Fax Number

(if writing for a controlled substance)

DEA Number

(if writing for a controlled substance)

Sample

Signature

Date _____