

# 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*

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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 FACILITY \_\_\_\_\_

FACILITY NUMBER \_\_\_\_\_

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Prescriber's Name \_\_\_\_\_  
(and designation ex. MD, DO, CNP, etc)      Please print **legibly**

**Address** \_\_\_\_\_  
(address used by health care  
provider registering  
with the DEA) \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_  
(office)

**Phone Number** \_\_\_\_\_  
(where you can be reached)

**DEA Number** \_\_\_\_\_  
(if writing for a controlled substance)

**Board License Number** \_\_\_\_\_  
(used to verify license is current)

**CTP Number** \_\_\_\_\_  
(required for Nurses who prescribe)

*Sample* \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_