

# Prescription Monitoring Program Enrollment Form

## For Military Treatment Facility use only

**Fax to 866.579.4662 or call 866.333.1348 for alternative CAC encryption submission option**

**\*\*Contact information is required from authorized MTF personnel (RPh,MD,RN)**

**A checkbox must be selected when the request form is submitted\*\***

New Request

Modify Existing Request

Reinstatement

Date

### Restricted Beneficiary's Information

Last Name:  
DOD ID Number:

First Name:  
Birth Date:

M.I.:

#### **Step 1:** Choose Lock Type (select ONE ONLY)

##### **TYPE I LOCK**

Restrict **all medications**

##### **TYPE II LOCK**

Restrict **all controlled meds** or a **selected drug schedule**

II      III      IV      V

##### **TYPE III LOCK**

Restrict **specific medications** or medication **class**

##### **Restricted Drug**

Short Acting Opioids

Benzodiazepines/Barbiturates

Long Acting Opioids

Amphetamines

Stimulants

#### **Step 2:** Set Authorized Provider and/or Pharmacy

##### **Authorized Provider(s)**

Add/Remove    Provider Name

DEA/NPI

##### **Authorized Pharmacy(ies) (select ONE ONLY)**

All MTF Pharmacies on Site  
Site Name:

Specific MTF Pharmacy  
(include all applicable NPIs)

Retail Pharmacy Name and  
Address (NPI if known)

Remove Pharmacy (include  
all applicable NPIs)

**Additional  
Comments**

### Requestor POC Information

**\*Required to complete restriction**

Reason for Request

Restricting MTF Site

RN/RPh/MD    Email

Phone

MTF  
Hospital

Signature

POC contact information can be provided to patient

Patient has been notified of restriction