



**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
 PRESCRIPTION DRUG MONITORING PROGRAM  
 PDM-UNIVERSAL CLAIM FORM**

The State of Alabama now requires that ALL Prescriptions for Schedule II – V Controlled Substances be reported to a data repository managed by the Alabama Department of Public Health.

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

Fax or Mail to  
 Health Information Designs

PO Box 3210  
 Auburn, AL 36832-3210

**PATIENT INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License # \_\_\_\_\_ Drivers License State \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**PHARMACY INFORMATION**

Pharmacy Name \_\_\_\_\_ NABP \_\_\_\_\_ DEA \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**PRESCRIPTION INFORMATION**

Prescription # 1  
 Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_  New  Refill  
 NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name(Strength) \_\_\_\_\_  
 Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_ # Refills Left \_\_\_\_\_  
 Prescriber Name \_\_\_\_\_ State License # \_\_\_\_\_ DEA \_\_\_\_\_  
 Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Written Rx  Faxed Rx  Phoned Rx

Prescription # 2  
 Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_  New  Refill  
 NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name(Strength) \_\_\_\_\_  
 Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_ # Refills Left \_\_\_\_\_  
 Prescriber Name \_\_\_\_\_ State License # \_\_\_\_\_ DEA \_\_\_\_\_  
 Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Written Rx  Faxed Rx  Phoned Rx

Prescription # 3  
 Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_  New  Refill  
 NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name(Strength) \_\_\_\_\_  
 Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_ # Refills Left \_\_\_\_\_  
 Prescriber Name \_\_\_\_\_ State License # \_\_\_\_\_ DEA \_\_\_\_\_  
 Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Written Rx  Faxed Rx  Phoned Rx

**FOR HID USE ONLY**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_