



Arkansas Prescription Drug Monitoring Program Universal Claim Form for Veterinary Clinics

Arkansas requires that ALL Prescriptions for Schedule II-V
Controlled Substances dispensed to be reported to
the Arkansas Department of Health
every 30 days.

<u>Patient Information</u>				
Owner's Last Name	Owner's First Name	Owner's Date of Birth	Owner's Gender	Animal Name
Street Address	City	State	Zip	Species

<u>Dispenser Information</u>			
Dispenser Name	Dispenser DEA#	Phone Number	Fax Number
Address	City	State	Zip

<u>Prescription Information</u>							
Rx #	Date Filled	Date Written	Reporting Status (Circle one)	Qty Dispensed	Day Supply	Refills Authorized	Refill Number
			New Revise Void				
NDC		Drug Name/Strength		Prescriber Name		Prescriber DEA	
Payment Type (Circle one)		Private Pay Commercial Insurance Other					
Rx #	Date Filled	Date Written	Reporting Status (Circle one)	Qty Dispensed	Day Supply	Refills Authorized	Refill Number
			New Revise Void				
NDC		Drug Name/Strength		Prescriber Name		Prescriber DEA	
Payment Type (Circle one)		Private Pay Commercial Insurance Other					

FAX COMPLETED FORM TO THE ARKANSAS PRESCRIPTION DRUG MONITORING PROGRAM

(501)-369-6794

For questions on this form or issues faxing, please call (501)-683-3960.