



TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
Controlled Substance Database Administrator

PRACTITIONER REPORT OF POTENTIAL DOCTOR SHOPPER TO LAW ENFORCEMENT

To: Local law enforcement agency (Sheriff's Office, Police Department, Judicial District Drug Task Force, or TennCare Investigations):

From: (Practitioner's name)

Office address:

Phone number:

Date: (Must be within 5 business days of incident)

Re: Controlled Substance Report / as required by Tenn. Code Ann. §53-11-309(a)

The above-named physician, dentist, optometrist, podiatrist, veterinarian, pharmacist, advanced practice nurse with a certificate of fitness issued under title 63, chapter 7, or physician assistant has actual knowledge that on _____, the following person:

(Insert date)

Patient's Name:

Patient's Address:

Driver's License Number & State:

Patient's DOB:

knowingly, willfully and with intent to deceive, obtained or attempted to obtain controlled substances by deceit or failing to disclose that he/she has received the same controlled substance or one of similar therapeutic use, or a prescription for the same controlled substance or one of similar therapeutic use, from another practitioner within the previous 30 days.

For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of Action
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