



**TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
Controlled Substance Database Administrator
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
(615) 253-1305 OR FAX (615) 253-8782**

LAW ENFORCEMENT REQUEST FOR PROFILE

Please provide the information requested below: (Print or Type)

Case #: _____

Patient/Practitioner Information:

Full Name of Patient/Practitioner:	Maiden Name/Alias:
Social Security Number:	Date of Birth/DEA#:

Specific Time Period to be Covered in Report:

Start Date:	End Date:
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How do you want the report returned to you? ☐ Email to _____
☐ Mail to the address below ☐ Hold for pickup

Please select format preference: ☐ PDF ☐ XLS ☐ BOTH

Requestor Information:

Name of Person Information will be Released to/Badge/ID#:		Street Address:
City, State, Zip Code:		Your Email:
District Number:	Agency Name:	Telephone Number:
Supervisor's Name:		Fax Number:
Supervisor's Email:		Supervisor's Contact Telephone Number:
District Attorney General's Email:		

Signature:	Date:
Print Name:	Title:

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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