



**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:

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

Requestor Information:

Name of Person Information will be released to/Badge/ID#:	Street Address:
City, State, Zip Code:	Your Email:
Agency Name or Judicial District:	Telephone Number: ()
Supervisor's Name:	Fax Number: ()
Supervisor's Email:	Supervisor's Contact Telephone Number: ()

Other/District Attorney's Email: _____

PDF XLS BOTH

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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