



**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:	Maiden Name:
Street Address:	AKA:
City:	State:
Zip Code:	Telephone Number: (    )
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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