

Confidential Pharma Pac/DEA Questionnaire Required Prior to DEA Shipments

Documents REQUIRED:

(Attach separately as necessary)

- Copies of DEA licenses for all medical providers dispensing at this location
- Copies of State Board Medical Licenses, including PA or FNP Licenses
- Copy of State Dispensing License, where required by the State
- Copies of State Board of Pharmacy licenses if required by the State
- Copies of any Specialty Board Certifications for Physicians (i.e., Ortho, Neuro, Pain, etc.)
- Copy of any State or Federal certifications that are not listed (i.e., Suboxone letter)
- Copy of site patient drug testing protocol (if it exists)
- Copy of written protocols for provider procedures when patients are dispensed a controlled substance within the office setting

REQUIRED PRACTICE DISPENSING QUESTIONNAIRE:

1. How many medical providers dispense medications to their patients at this facility? _____
Initial PA/FNPs
2. On average, how many patients will the practice see each week? _____
Average/week
3. On average, how many total patients does the facility dispense to each week? _____
Average/week
4. On average, how many bottles are dispensed to each patient per visit? _____
Average/visit
5. On average, how many DEA scripts are dispensed to each patient per visit? _____
Average/visit
6. How many Workers' Compensation patients at this location per week on average? _____
Average/week
7. Do you dispense narcotics to cash paying patients? Yes _____ No _____
8. If yes, how many cash paying patients do you dispense DEA items to each week? _____
Average/week
9. How many patients do you see on average each month that are being maintained on narcotics indefinitely?

Average/month
10. Do you have a drug testing protocol for long-term narcotic patients who are dispensed DEA items from this facility?
Yes _____ No _____ (if yes, please include a copy of your testing protocol)

Initial of person at this location authenticating on form: _____

Confidential Pharma Pac/DEA Questionnaire Required Prior to DEA Shipments

11. Do you have a process for terminating patients due to misuse, addiction, or diversion issues?

Yes _____ No _____

If yes, please provide details or include a copy of the written protocol.

12. Please circle one. How often are DEA items ordered? Weekly 2x/Month Monthly

13. Do you have a website for your practice? Yes _____ No _____

If yes, what is the website address: _____

14. Does your website solicit DEA items, or accept orders for such items on that site? Yes _____ No _____

If yes, please explain:

Please have the Medical Director of the facility sign and date below:

Printed Name of Medical Director/Title _____

Legible Medical Director's Name and Title

Signature: _____ Date: _____

Initial of person at this location authenticating on form: _____