Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division

FRAUDULENT PRESCRIPTION IDENTIFICATION FORM

This form is used to describe individuals that present fraudulent prescriptions to pharmacies or dispensaries.

Please complete this form and fax to the Pharmaceutical Control Division (PCD) at 877-862-4252, or email to doh.pcd@dc.gov.

- Date and time prescription presented:_____
- Age and Gender of presenter:_____
- Race of presenter:_____
- Height:_____
- Weight/build:_____
- Skin complexion:_____
- Hair color and style:_____
- Eye color:_____
- Speech (accent, etc):_____
- Tattoos, scars, marks:_____
- Any unusual characteristics:_____
- Clothing (Jacket, hat, etc):_____

Were the local police contacted?_____ If Yes; name of agency, report #, outcome:_____

_____

Please use this space to provide any additional information:

Print name	Title	Signature	Date

899 North Capitol St NE 2nd Floor, Washington, DC 20002, 202-724-4900, 877-862- 4252 (fax), http://doh.dc.gov/pcd

Form PCD102

REV. 5/2/2014