Controlled Substances
Prescription Monitoring Program

Dean Wright, RPh
Arizona State Board of Pharmacy
Arizona’s Forty-eighth Legislature passed H.B. 2136 establishing a Controlled Substances Prescription Monitoring Program (CSPMP). The bill was signed by the Governor on July 2, 2007 and became effective on September 19, 2007.

The new statutes, A.R.S. Title 36, Chapter 28 are available on the Board’s website [www.azpharmacy.gov](http://www.azpharmacy.gov) under the “CS-Rx Monitoring Program” link. Our proposed rules are also available under the same link.
Controlled Substances Prescription Monitoring Program

- A.R.S. § 36-2602 requires the ASBP to establish a controlled substances prescription monitoring program that:
  - Includes a computerized central database tracking system to track the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances in Arizona,
  - Assists law enforcement in identifying illegal activity related to the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances,
  - Provides information to patients, medical practitioners, and pharmacists to help avoid the inappropriate use of Schedule II, III, and IV controlled substances, and
  - Is designed to minimize inconvenience to patients, prescribing medical practitioners, and pharmacies while effectuating the collection and storage of information.
Controlled Substances Prescription Monitoring Program

Purpose of the Controlled Substances Prescription Monitoring Program:

- Improve the State’s ability to identify controlled substance abusers or misusers and refer them for treatment
- Identify and stop diversion of prescription controlled substance drugs

Primary function of the Arizona State Board of Pharmacy:

- Provide a central repository of all prescriptions dispensed for Schedule II, III, and IV controlled substances in Arizona
Controlled Substances Prescription Monitoring Program

A.R.S. § 36-2604 Use and release of confidential information

C. The board may release data collected by the program to the following:

1. A person who is authorized to prescribe or dispense a controlled substance to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient.

2. An individual who requests the individual's own prescription monitoring information pursuant to section 12-2293.

3. A professional licensing board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 21, 25 or 29. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting board states in writing that the information is necessary for an open investigation or complaint.

4. A local, state or federal law enforcement or criminal justice agency. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint.

5. The Arizona health care cost containment system administration regarding persons who are receiving services pursuant to chapter 29 of this title. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration states in writing that the information is necessary for an open investigation or complaint.

6. A person serving a lawful order of a court of competent jurisdiction.
Arizona State Board of Pharmacy

Controlled Substances Prescription Monitoring Program

- October 2008: Arizona began collecting data from resident and nonresident pharmacies. The first reports were due on or before Friday October 17, 2008 for the week ending October 11, 2008. Pharmacies were required to report their controlled substance data retroactively to April 1, 2008.

- October 2009: Began collecting data for dispensing practitioners.

- There are about 1691 resident and nonresident pharmacies reporting data and about 3800 dispensing practitioners reporting data.
Data Collection

• What to Report
  – Dispenser’s DEA #
  – Name of patient, full address including city, state and zip code
  – Gender
  – Telephone #
  – DOB
  – Date prescription was written
  – Date Prescription was dispensed
Data Collection

• What to Report
  – Number of Refills if any
  – Indicate new or refill
  – Metric qty of drug dispensed
  – Method of Payment
  – NDC # of drug dispensed
  – Prescriber’s DEA #
Law Enforcement

Use of the Monitoring Program Database

• Patient’s Prescription Profile Reports (Solicited Reports)
  ▪ Profile reports are only investigative tools
  ▪ Profile reports are not evidence and may not be used as evidence. The reports provide investigators with the location of the filled prescription, which makes it easier to find the evidence
  ▪ Reports are based on prescription data collected from dispenser (pharmacies and dispensing practitioners). The Board cannot guarantee the accuracy of the data, it merely collects and compiles the data. It is the responsibility of the investigator to use the report to obtain the actual filled prescription evidence from the dispenser
Law Enforcement Procedures for Requesting Access
Law Enforcement Procedures for Requesting Access

Our Mission

The Arizona State Board of Pharmacy protects the health, safety, and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale, and storage of prescription medications and devices and non-prescription medications.

The Board accomplishes its mission by:
- Issuing licenses to pharmacists, pharmacy interns, and pharmacy technicians,
- Issuing permits to pharmacies, manufacturers, wholesalers, and distributors,
- Conducting compliance inspections of permitted facilities, and
- Investigating complaints and adjudicating allegations of applicable state and federal laws and rules.
- Promulgating and reviewing applicable rules and regulations.

View / Print your NAPLEX & MPJE scores online
2012 Graduate Info
Click here for University of Arizona 2012 Graduating Intern Hours

Payment Policy Update: As of 3/27/2012, all cash transactions must be provided in the exact amount.
Click here for Midwestern Intern Class of 2012 Info
Our office is now located at 1816 W. Adams St., Suite 120 Phoenix, AZ 85007
Click here for map & parking info
Get a free hour of CE, compliments of the CDC!
Click here for details
Summary
The Controlled Substances Prescription Monitoring Program (CSPMP) is a program developed to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Arizona Uniform Controlled Substances Act. To learn more about Arizona's Controlled Substances Prescription Monitoring Program, click here.

Contact Information
Dean Wright
CSPMP Director
Arizona State Board of Pharmacy

Physical Address:
1616 W. Adams, Suite 120
Phoenix, AZ 85007

Mailing Address:
P.O. Box 18520
Phoenix, AZ 85012

Phone: (602) 771-2744
Fax: (602) 771-2745
E-mail: dwright@azpharmacy.gov

Please direct all CSPMP questions to the Program Director, Dean Wright.
System Requirements

In order to access the controlled substances database you must have the following:

- Internet access with Internet Explorer (version 6.0 or above)
- Adobe Acrobat Reader (version 6.0 or above)
- A computer from which you can print
- A working e-mail address

Access

Under Arizona law only the following persons or entities are allowed access to the controlled substances database. Access is controlled by ASBP through careful identity and credential check.

- **MEDICAL PRACTITIONERS**: A licensed medical practitioner (MD, DO, DDS, DMD, DPM, NP, PA, OD, ND, NMD, and HMD) for information concerning a current or prospective patient.
- **PHARMACISTS**: A licensed pharmacist for information related to the patient or prescriber of a controlled substance prescription presented to be filled.
- **PATIENTS**: An individual requesting the individual’s own prescription monitoring program information.
- **BOARDS**: Authorized representatives of the professional licensing boards for a complaint or investigation of a licensee as authorized under A.R.S. § 36-2604(C)(3).
- **LAW ENFORCEMENT**: Federal, State, and local law enforcement authorities for an individual complaint or investigation as authorized under A.R.S. § 36-2604(C)(4).
- **AHCCCS**: AHCCCS Administration authorities for a complaint or investigation of a persons receiving services under A.R.S. Title 36, Chapter 29 as authorized under A.R.S. § 36-2604(C)(5).

Penalty for Misuse of the Data System

Any person who knowingly discloses information received from the controlled substances prescription database in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a Class 5 felony.

The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information should not be provided to any other persons or entity.
Law Enforcement Procedures for Requesting Access

The CSPMP database is an electronic tool that should provide law enforcement agencies with an efficient and effective alternative for gathering evidence for open complaints or investigations. The main goal of the program is to assist law enforcement agencies by reducing their investigative time and effort as they gather information for building their cases.

To request access to the CSPMP Database an investigator must:

- Complete a Law Enforcement Access Request form and Privacy Statement
- Print the Law Enforcement Access Request and Privacy Statement forms
- Have the Law Enforcement Access Request form notarized
- Make a copy of your Agency ID card and Driver’s License
  (Note: If the Access Request form is filled in by hand, block print must be used to increase legibility.)

Mail the following items to the Controlled Substances Prescription Monitoring Program:

1. Notarized Law Enforcement Access Request form
   (Note: ASBP will not process a facsimile Access Request form)
2. Signed copy of the Privacy Statement form
3. Copy of current Agency ID card
4. Copy of current Driver’s License

Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program
P.O. Box 18520
Phoenix, Arizona 85005
(602) 771-2744

Once the Access Request form is approved, ASBP’s technical expert (Health Information Design) will notify the requestor via two separate e-mails. The first e-mail will contain a CSPMP system Login ID and the second e-mail will include a secure password.

Note: ASBP will not process a facsimile Access Request form. Supporting documents can be sent via fax or e-mail (dualight@azpharmacy.gov) however, CSPMP staff recommends that all documents be sent via mail. If you choose to send your supporting documents via fax or e-mail, please make sure all documents are legible.
ARIZONA STATE BOARD OF PHARMACY  
P.O. Box 19520 Phoenix, AZ 85065  
p 602-771-2727  f 602-771-2748  
www.azpharmacy.gov

LAW ENFORCEMENT DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "local, state, and federal law enforcement authorities...may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

All fields are required. Mail completed form to the address above.

OFFICER’S INFORMATION

First Name:  
Last Name:  
Title:  
SSN:  
AZ/Post Cert. No:  
DOB:  
Email Address:  

AGENCY’S INFORMATION

Agency Name:  
Agency Address:  
City / County:  
State / Zip Code:  
Phone Number:  
Fax Number:  

CHIEF LAW ENFORCEMENT OFFICER’S INFORMATION

First Name:  
Last Name:  
Title:  
Phone Number:  
Fax Number: 

Signature:  
Date:  

Subscribed and sworn to before me in the County of __________________________ State of __________________________ this ______ day of __________________________, 20________

Notary Public Seal

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:

* Notarized Database Access Form
* Signed Copy of Sworn Statement

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or in any otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 5 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85069
p) 602-771-2727 t) 602-771-2748
www.azpharmacy.gov

PRIVACY STATEMENT

Statutory Authority:
Section 2602 of Arizona Revised Statutes Title 36, Chapter 28, the Arizona Controlled Substances Prescription Monitoring Program Act, requires the Arizona State Board of Pharmacy (ASBP) to establish a computorized central database tracking system to track the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or by a pharmacy. The purpose of the program is to improve the State's ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of controlled substances in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Access to Information:
A.R.S. § 36-2604 (C) (1) authorizes ASBP to release data from the Controlled Substances Prescription Monitoring Program (CSPMP) to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care to a patient or to evaluate a patient.

A.R.S. § 36-2604 (C) (2), (3), (4), and (5) authorizes ASBP to release data from the CSPMP to a professional licensing board, a local, state, or federal law enforcement agency or criminal justice agency, and the Arizona Health Care Cost Containment System (AHCCCS) Administration, after receiving a written request that states that the information is necessary for an open investigation or complaint.

Unlawful Disclosure:
Any person who is granted access to the information in the CSPMP database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a Class 6 felony.

I understand that inappropriate access or disclosure of this information is a violation of Arizona law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

Account Agreement:
By signing this agreement I hereby agree to follow the security and password policies of the Controlled Substances Prescription Monitoring Program. I agree to not disclose or misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: __________________________ Date: __________________________

Print Name: __________________________

[Signature]

[Print Name]
Access Notification

• Once your access request form is approved, ASBP’s technical expert, Health Information Designs, Inc. (HID) will notify you via two separate e-mails. The notifications will include the following information:

• The first e-mail will include the CSPMP system logon ID you will use to access the system and the database web link.
• The second e-mail will include the password you will use to access the system.

• * User login and password accounts are never to be shared.

• Before attempting to access the database, a requestor must have an affidavit available. Sample affidavits are available on the CSPMP web site and can be accessed by performing the following steps
Our Mission

The Arizona State Board of Pharmacy protects the health, safety and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale and storage of prescription medications and devices and non-prescription medications.

The Board accomplishes its mission by:

- Issuing licenses to pharmacists, pharmacy interns and pharmacy technicians,
- Issuing permits to pharmacies, manufacturers, wholesalers and distributors,
- Conducting compliance inspections of permitted facilities and
- Investigating complaints & adjudicating violations of applicable state and federal laws and rules.
- Promulgating and reviewing rules and regulations.

View / Print your NAPLEX & MPJE scores online!
2012 Graduate info
Click here for University of Arizona 2012 Graduating Intern Hours

PAYMENT POLICY UPDATE: As of 3/27/2012, all cash transactions must be provided in the exact amount.
Click here for Midwestern Intern Class of 2012 Info
Our office is now located at 1815 W. Adams St., Suite 120 Phoenix, AZ 85007
Click here for map & parking info
Get a free hour of CE, compliments of the CDC!
Click here for details
System Requirements
In order to access the controlled substances database you must have the following:

- Internet Explorer (version 6.0 or above)
- Acrobat Reader (version 6.0 or above)

These programs will allow you to print and access the database.

Submission Requirements

The following persons or entities are allowed access to the controlled substances database: Access is controlled by ASBP through careful identity and credential check:

- MEDICAL PRACTITIONERS: A licensed medical practitioner (MD, DO, DDS, DMD, DPM, NP, PA, OD, ND, NMD, and NMD) for information concerning a current or prospective patient.
- PHARMACISTS: A licensed pharmacist for information related to the patient or prescriber of a controlled substance prescription presented to be filled.
- PATIENTS: An individual requesting the individual's own prescription monitoring program information.
- BOARD: Authorized representatives of the professional licensing boards for a complaint or investigation of a licensee as authorized under A.R.S. § 36-2604(D)(3).
- LAW ENFORCEMENT: Federal, State, and local law enforcement authorities for an individual complaint or investigation as authorized under A.R.S. § 36-2604(C)(4).
- AHCCCS: AHCCCS Administration authorities for a complaint or investigation of a person receiving services under A.R.S. Title 36, Chapter 29 as authorized under A.R.S. § 36-2604(C)(5).

Penalty for Misuse of the Data System

Any person who knowingly discloses information received from the controlled substances prescription database in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 29 is guilty of a Class 6 felony.

The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information should not be provided to any other persons or entity.
Affidavit Submission Requirements

When requesting database access, a professional licensing Board, local, state, or federal law enforcement, or AHCCCS Administration investigator who has a user name and password must complete an affidavit verifying authority, purpose, and subject of the data requested. The notarized affidavit must be faxed to 602-771-2748 or mailed to ASBP at 1700 W. Washington Street, Suite 250, Phoenix, AZ 85007 within two days of a web query for data.

The affidavit must include all six minimum requirements that include:

1. The state and county in which affidavit is executed.

2. The name of the individual requesting the information as well as the individual’s job description and the law enforcement agency represented. The affiant must also state that the affiant is over the age of 19 years.

3. A reference to the primary name and social security number and/or driver’s license number of subject being investigated.

4. A statement that the information requested is pursuant to an open complaint or investigation. (Required by Arizona Administrative Code § 36-2604(C)(3), (4), or (5)).

5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.

6. Signature of affiant and notarization.

Sample Affidavits are available at www.azpharmacy.gov by clicking on CS-Rx Monitoring Program in the Find by Category of the window.
System Requirements

In order to access the controlled substances database you must have the following:

- Internet Explorer (version 6.0 or above)
- Flash Player (version 8.0 or above)
- You can print a sample affidavit

Submission Requirements

The following persons or entities are allowed access to the controlled substances database:

- **MEDICAL PRACTITIONERS**: A licensed medical practitioner (MD, DO, DDS, DMD, DPM, NP, PA, OD, ND, NMD, and NMD) for information concerning a current or prospective patient.
- **PHARMACISTS**: A licensed pharmacist for information related to the patient or prescriber of a controlled substance prescription presented to be filled.
- **PATIENTS**: An individual requesting the individual's own prescription monitoring program information.
- **BOARDS**: Authorized representatives of the professional licensing boards for a complaint or investigation of a licensee as authorized under A.R.S. § 36-2604(C)(3).
- **LAW ENFORCEMENT**: Federal, State, and local law enforcement authorities for an individual complaint or investigation as authorized under A.R.S. § 36-2604(C)(4).
- **AHCCCS**: AHCCCS Administration authorities for a complaint or investigation of a person receiving services under A.R.S. Title 36, Chapter 29 as authorized under A.R.S. § 36-2604(C)(5).

Penalty for Misuse of the Data System

Any person who knowingly discloses information received from the controlled substances prescription database in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 29 is guilty of a Class 6 felony.

The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information should not be provided to any other persons or entities.
State of Arizona
(Name of County)

(Request Number: ____________)

1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.

2. The (Name of Agency) is conducting an investigation involving (Name/s of Suspect), (SSN: ________________________) or Arizona DL# is (__________________).

3. In accordance with Arizona Revised Statute § 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4), the information requested is pursuant to an open complaint or investigation.

4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

_____________________________    ________________________
(Printed Name)                   Signature
(Title)                         (Agency Name)

Subscribed and sworn to before me in the County of ____________________, State of ______, this ___ day of __________________, 20__.

__________________________
NOTARY PUBLIC

Netary Public Seal

My Commission expires:
Logging On (Law Enforcement)

1. Open an Internet browser window, type https://azcspmp-le.hidinc.com in the address bar, and then press [Enter].

2. Type your user name in the **User name** field.

3. Type your password in the **Password** field.

4. Click OK.

5. From the RxSentry home page, click **Submit Query**. The following window is displayed:

   An affidavit must be faxed prior to the release of any report.
   Fax to: 602-771-2740
   The minimum requirements of the affidavit are:
   1. The state and county in which the affidavit was executed.
   2. The name of the Individual requesting the information as well as his/her job description and the law enforcement agency represented. The affiant must also state that he/she is over the age of 18 years.
   3. A reference to the primary name and social security number and/or driver's license number of subject being investigated.
   4. A statement that the information requested is pursuant to an open complaint or investigation. In accordance with Arizona Revised Statute 38-2694(C)(4) and Arizona Administrative Rule 23-303(C)(4)
   5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.
   6. Signature of affiant and notarization.

   I accept the above conditions
   Print Part directions for your records.
   You must accept the above conditions before you can continue

You may query any recipient name, but before you can view the results of the query, you must authenticate the query by indicating that you have an open compliant or investigation on the recipient's name that is being queried.

**Note:** Without selecting the **I accept the above conditions** check box, you will not be able to access the provider query screen.

6. Select the **I accept the above conditions** check box. A window similar to the following is displayed:
7 Complete the information on the **Law Enforcement Report Request** window, using the field descriptions in the following table as a guideline:
8 Once all criteria has been entered or selected, click **Submit**. A window similar to the following is displayed:

![Law Enforcement Report Request form](image)

**Note**: The arrow in this screenshot indicates the location of the Request Number.

9 Click **Print** to print this form.

10 Place the Request Number on the affidavit.

11 Fax the notarized affidavit to 602-771-2748, or mail it to ASBP, 1700 W. Washington Street, Suite 250, Phoenix, AZ 85007 within two days of creating the query.
View Query Status

This function allows you to check the status of a submitted query. The Status column on the View Report Queue window displays one of the following query statuses:

- **Approved/Queued** – the query has been approved and is processing.
- **Approved/Done** - the query has been approved, processed, and is available for viewing.

Perform the following steps to view the status of a query or several queries:

1. Log on to RxSentry.

2. From the home page, click **View Query Status**. A window similar to the following is displayed:

   ![Request Status Table]

   **Note**: The output format for all reports is portable document format (PDF).

3. If the report is ready for viewing, the Job Sequence ID field contains a hyperlink to the report. Click the hyperlink for the desired report. A window similar to the following is displayed:
Perform one of the following actions:

- Click **Open** to open the report for viewing.
- Click **Save** to save the report to a specific location for viewing at a later time.
- Click **Cancel** to return to the previous window.

**Notes:**

- By default, queries are available for viewing only by the user who submitted the query request. If desired, click the option displayed in the **Shared** column to choose to share or not share this query with another user. If you elect to share the query, a list of user names is displayed from which you can make your selection.
- If desired, click the option displayed in the **Remove?** column to remove this query from the queue. If you choose to remove the query, you will be prompted to confirm the removal.
Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program

- Database access as of May 3, 2013:
  - Practitioners: 4711 (21.3%)
  - Pharmacists: 2396 (38.8%)
  - Law Enforcement Investigators: 308
  - Board Investigators: 52

- Practitioners, pharmacists, and law enforcement and board investigators from another state may also request access.
Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program

Who is using the database?

Practitioners make 74.3% of the queries
Pharmacists make 25.5% of the queries
Law Enforcement make 0.14 % of the queries
Healthcare Boards make 0.06% of the queries
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Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program

How often is the database being used?

Practitioners average 2071 queries per day.
Pharmacists average 712 queries per day.
Law enforcement agents average 3.9 queries per day.
Healthcare Boards average 1.4 queries per day.

Interstate Queries?
Practitioners made 1200 and Pharmacists made 1466 in 3rd Quarter 2013
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Pima County Sheriff's Department

Arizona Controlled Substances
Prescription Drug Monitoring Program

Requestor Number: 340182 - 1670173
Case Number: 111208069

1. I, Maria B. Stengel, am a Detective with the Pima County Sheriff's Department. I am over the age of eighteen.

2. The Pima County Sheriff's Department is conducting an investigation involving, PAUL THERIAULT, Date of Birth: 08-08-1982.

3. In accordance with Arizona Revised Statutes §36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4), the information requested is pursuant to an open complaint of investigation.

4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

Maria B. Stengel #1113
Detective
Pima County Sheriff's Department

Subscribed and sworn to before me in the County of __________, State of Arizona, this 16th day of December, 2011.

Yvonne P. Sanchez
Notary Public - State of Arizona
PIMA COUNTY
My Commission expires: 2-01-2015
### Law Enforcement Report Request

**The specifics of your request have been stored.**

**PRINT THIS PAGE AND PLACE IT WITH THE LEGAL DOCUMENTS USED TO FORMALLY REQUEST THIS QUERY.**

**PLACE THE REQUEST NUMBER ON THE AFFADAVIT.**

---

**Requestor Agency Information**

<table>
<thead>
<tr>
<th>Requestor</th>
<th>Agency</th>
<th>Your Case #</th>
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<tbody>
<tr>
<td>PDMP Account Id: maria.stengel.le</td>
<td>Pima County Sheriffs Dept</td>
<td>111208069</td>
</tr>
<tr>
<td>Requesting Officer: Maria Stengel</td>
<td>Request Date: 12/16/11</td>
<td>Return Report by: Web Site</td>
</tr>
<tr>
<td>Telephone: 5203514600</td>
<td>Fax: 5203514886 Secure</td>
<td>Email: <a href="mailto:maria.stengel@sheriff.pima.gov">maria.stengel@sheriff.pima.gov</a></td>
</tr>
</tbody>
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**Information about the Subject that we MUST have to fulfill your report request**

<table>
<thead>
<tr>
<th>Subject Name Begins with:</th>
<th>Last: THERIAULT</th>
<th>First: PAUL</th>
<th>Born on: 08/01/1982</th>
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<tr>
<td>Alias #1 Name:</td>
<td>Last:</td>
<td>First:</td>
<td>Born:</td>
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<tr>
<td>Alias #2 Name:</td>
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</tr>
<tr>
<td>Alias #3 Name:</td>
<td>Last:</td>
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Dispensed Timeframe From: 07/01/11 Disposed Timeframe To: 12/16/11

Purpose: Forged Prescription Investigation

---

**Optional Information that helps to qualify your report request** *(If DOB is blank or has wide range you MUST provide County or Zipcode and Address to help narrow down search results.)*

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<th>SSN:</th>
<th>DL# (with State Abbrev): AZ/D03011651</th>
<th>County Selection:</th>
<th>Zipcode: 85711 (blank for any)</th>
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<td>City: TUCSON</td>
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<td>Other Address 1:</td>
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---

https://azospmp-ic.hidinc.com/azappl/bda2pdmq/pdlawentry.html

12/16/2011
State of Arizona
(Maricopa County)

Request Number: pending

1. I, Maria F. Tellez, am a Diversion Investigator with the Drug Enforcement Administration. I am over the age of eighteen.

2. The Drug Enforcement Administration is conducting a scheduled investigation involving the doctor listed below.

3. In accordance with Arizona Revised Statute 36-2604(C)(4) and Arizona Administrative Rule R4-23-503(C)(4), the information requested is pursuant to an open complaint or investigation.

4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

5. I respectfully request a record of all prescriptions written for controlled substances by the following practitioners listed below. The information requested is for controlled substance prescriptions written during 01/01/2011 thru the present date to contain the patient’s name, address, DOB, type and quantity and amount of controlled substances written, and the name and address of the pharmacy where the prescription(s) were filled.

   - Stephanie L Berkshire, DEA Registration No. BB9418799 – 16 x 4 3/4 5
     2017 E. Vaughn Ave., Gilbert, AZ 85234
   - Maria Gonzalez-Landestoy, M.D., DEA Registration No. BG621000 – 16 y 2 y 6 3
     2042 E. Washington Ave., Gilbert, AZ 85234
   - David A. Fife, D.O., DEA Registration No. FF046327 – 16 y 2 y 7 6
     3687 South Skyline Drive, Gilbert, AZ 85297
   - Leslie Schumacher Kaminski, M.D., DEA Registration No. AS685950L – 16 y 2 y 7 9
     651 W. Sweeney, Glendale, AZ 85304

Maria F. Tellez
Diversion Investigator
Drug Enforcement Administration

Subscribed and sworn to before me in the county of Maricopa, State of Arizona, this 5th day of January, 2012.

Notary Public

My commission expires: 8.6.13
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<th>Qty</th>
<th>Days</th>
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<td>6320B WEST UNION HILLS DRIVE, GLENDALE AZ 85308,</td>
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QUESTIONS?

Arizona State Board of Pharmacy
Web page: www.azpharmacy.gov

Dean Wright, CSPMP Director
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
P.O. Box 18520
Phoenix, AZ 85005
602-771-2744
Fax: 602-771-2748
dwright@azpharmacy.gov