



TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
Controlled Substance Database Administrator
227 FRENCH LANDING, SUITE 300
NASHVILLE, TENNESSEE 37243
(615) 253-1305 OR FAX (615) 253-8782

PRACTITIONER REPORT TO LAW ENFORCEMENT

To: *Insert a local law enforcement agency (Sheriff's Office, Police Department, Judicial District Drug Task Force, or TennCare Investigations):*

From: *Practitioner's name:*

Office address:

Phone number:

Date: _____ *(Must be within 5 business days of incident)*

Re: **Controlled Substance Report / as required by Tenn. Code Ann. §53-11-309(a)**

The above-named physician, dentist, optometrist, podiatrist, veterinarian, advanced practice nurse with a certificate of fitness issued under title 63, chapter 7, or physician assistant has actual knowledge that on _____, the following person;
(insert date)

Patient's Name: _____

Patient's Address: _____

Driver's License Number & State: _____

Patient's DOB: _____

knowingly, willfully and with intent to deceive, obtained or attempted to obtain controlled substances by deceit or failing to disclose that he/she has received the same controlled substance or one of similar therapeutic use, **OR** a prescription for the same controlled substance or one of similar therapeutic use, from another practitioner within the previous 30 days.

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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