



**NOTIFICATION OF CHARGES OR SUSPICIOUS BEHAVIOUR
RELATED TO A MONITORED DRUG
TO BE COMPLETED BY LAW ENFORCEMENT OFFICIALS**

Website: www.nspmp.ca
Telephone: 902-496-7123
Toll Free: 1-877-476-7767
Fax: 902-481-3157
Hours: M-F: 8am – 5pm

Upon receipt and verification of a completed form from law enforcement, the NSPMP will disseminate the notification information to all relevant prescribers and pharmacists.

LAW ENFORCEMENT INFORMATION

Name of Law Enforcement Official: _____

Title: _____

Agency/Detachment: _____ County: _____

Office Telephone Number: _____ Fax Number: _____

PATIENT INFORMATION

Patient Name: _____
First Name, Middle Name/Initial, Last Name, Suffix (Sr., Jr.)

Date of Birth: _____ Patient Health Card Number: _____
YYYY-MM-DD

Patient's Address: _____
Street, PO Box, Province, Postal Code

NOTIFICATION INFORMATION

Type of Report: Suspicious Behaviour Notification of Charges Date of Charges (if applicable): _____
YYYY-MM-DD

- Offence/Activity:**
- Fraud/Forgery/Uttering a forged document in relation to a prescription
 - Theft relating to controlled drugs
 - Theft relating to a prescription pad
 - Possession of a controlled substance for which they have no prescription
 - Possession of a controlled substance for the purpose of trafficking
 - Trafficking in a controlled substance
 - Double doctoring
 - Robbery where the item taken or sought was a controlled substance
 - Break and enter where the item taken or sought was a controlled substance
 - Report of a lost controlled substance
 - Report of a stolen controlled substance
 - Other (please specify): _____

Controlled Substance(s) Involved: _____

Additional Comments: _____

Signature of Law Enforcement Official: _____ **Date:** _____
YYYY-MM-DD

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