

The Rules and Regulations on Controlled Substances, Section 80.68, state that practitioners authorizing emergency oral prescriptions for Schedule II controlled substances and benzodiazepines must send a follow-up prescription to the dispensing pharmacy within 72 hours. Such follow-up prescriptions must be issued on the New York State Official Prescription (or a written prescription if the prescription was phoned in from an out-of-state practitioner).

If the pharmacist fails to receive the written prescription, he or she is required to notify the Department in writing within seven days from the date of dispensing the substance. Please use this form for your notification.

PRACTITIONER Title (check one) MD DDS PA NP DVM CNM

Name _____

Address _____

City _____ State _____ Zip _____

DEA # _____ County _____

PHARMACY

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Contact Name: _____

PRESCRIPTION

Date phoned in _____ Pharmacy prescription # _____

Drug prescribed _____ Quantity Prescribed _____

PATIENT

Name _____

Address _____

City _____ State _____ Zip _____

This notification must be mailed or faxed to:

**New York State Department of Health
Bureau of Narcotic Enforcement
433 River St, Suite 303
Troy, NY 12180
Fax: (518) 402-0709**