



SUSPECTED ILLEGAL USE OF CONTROLLED SUBSTANCES REPORTING FORM

TO: LOCAL LAW ENFORCEMENT AGENCY

This report is being made pursuant to TN Code Annotated 53-11-309, which states:

(a) Any physician, dentist, optometrist, podiatrist, veterinarian, nurse authorized pursuant to 63-6-204 or 63-9-113, or physician assistant who has good reason to believe a person has obtained or attempts to obtain controlled substances prohibited under 53-11-402(a)(6) shall report such activity within three (3) business days to the local law enforcement agency for investigation.

My report concerns the following individual:

Patient Label

Include Chart #, Patient Name, Date, County

I am reporting the above individual based on:

- Multiple visits with requests for narcotic prescription
- Failure to disclose recent prescription of narcotic from other provider
- Other _____

Additional Information (if needed): _____

REPORTED TO: _____

	Name	Title	Phone	Date
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REPORT PREPARED BY: _____

	Signature	Title	Phone	Date
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