FLORIDA DEPARTMENT OF HEALTH

E-FORCSE
FLORIDA'S PRESCRIPTION DRUG MONITORING PROGRAM
4052 BALD CYPRESS WAY, BIN #C-16
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4797
http://www.eforcse.com

Patient Information Request

64K-1.003(3)(d), Florida Administrative Code, requires that a patient or their representative appear in person at the Program office and produce proof of representation (if not the patient) as well as a government issued photographic proof of identity to receive the patient information report. Please contact the Program office at (850) 245-4797 or via email at eforcse@doh.state.fl.us prior to your visit, to make an appointment.

Please print or type legibly.

Patient Information			
Applicant name	**Address**		
City	**State**	**Zip**	**Phone Number**
Email Address	**Drivers License Number**		**Date of Birth (MM/DD/YYYY)**

_____ _____
Patient Signature Date

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ (year), by _____ (name of person making statement).

_____
(Signature of Notary Public - State of Florida)

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

IF THIS REQUEST IS BEING MADE BY A LEGAL GUARDIAN OR DESIGNATED HEALTH CARE SURROGATE ON BEHALF OF THE ABOVE REFERENCED PATIENT, PLEASE COMPLETE THE SECTION BELOW.

Legal Guardian/Designated Health Care Surrogate Information			
Name	**Address**		
City	**State**	**Zip**	**Phone Number**
Email Address	**Drivers License Number**		**Date of Birth (MM/DD/YYYY)**

Relationship to Patient

☐ **Parent**

☐ **Legal Guardian (Please attach a copy of court order granting guardianship)**

☐ **Designated Health Care Surrogate (Please attach a copy of the court order granting surrogacy)**

_____ _____

Legal Guardian/Designated Health Care Surrogate Signature — Date

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ (year), by _____ (name of person making statement).

_____
(Signature of Notary Public - State of Florida)

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____