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## **PRESCRIPTION MONITORING PROGRAM**

By signing this form, you confirm that you have been notified, in writing, that if you are to receive a prescription for a controlled substance (narcotic drug) from our office and fill that prescription at a pharmacy in RI, certain identifying prescription information, including the name of patient, will be entered into a secure database maintained by Rhode Island's Prescription Monitoring Program (PMP). State law requires pharmacies to report information about controlled substance prescriptions filled to the Prescription Monitoring Program database maintained by the Rhode Island Dept. of Health.

This database is used to help inappropriate uses of controlled substances-like fraud and diversion. The Prescription Monitoring Program contains only records related to controlled substances (narcotic drugs like painkillers, steroids and muscle relaxants). It does NOT contain records about other prescription drugs like antibiotics, antidepressants or any other category of prescription medications.

Only authorized individuals, like healthcare personnel that prescribe controlled substances and law enforcement under very limited circumstances, can access database and only tightly defined uses. As long as you are using controlled drugs properly and appropriately, there shouldn't be reason for concern. If you do not want your information in the database, please ask your dentist to prescribe non-narcotic drug for you.

More information about Rhode Island's Prescription Monitoring Program, including copies of individual prescription drug records stored in the database, can be obtained from the RI Dept. of Health by calling 401-222-4747 or emailing [ripmp@health.ri.gov](mailto:ripmp@health.ri.gov)

I have read and understand this notification.

Signature of patient/guardian \_\_\_\_\_ Date \_\_\_\_\_

If this notification is signed by a personal representative on behalf of the patient complete the following:

Signature of Representative \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
Name of patient \_\_\_\_\_

