

## PRESCRIPTION PAD REQUESTS

Please email:

[Hhendrawan@dmh.lacounty.gov](mailto:Hhendrawan@dmh.lacounty.gov) or [PrescriptionRequest@dmh.lacounty.gov](mailto:PrescriptionRequest@dmh.lacounty.gov)

In the email, please include the following:

**Doctor name:**

**Clinic name:**

**Clinic Address (please include suite/room number, if applicable):**

**Phone number:**

**DEA License. #:**

**CA License #:**

**NPI #:**

· ***\*Please note***, Controlled Substance prescription pads will be delivered to the address registered with the DEA, which **MUST** be the address of the prescriber's current DMH work location. The order will not be approved by Pharmacy Services if the address registered with the DEA is not the prescriber's DMH work location.

- ONLY one set will be ordered which includes 8 pads/100 prescriptions per pad.
- Pharmacy Services will review the order and will contact the ordering staff for clarification if there are any discrepancies in the above procedures. Delivery should be within approximately ***three weeks***.
- Prescription pads will be sent by the vendor directly to the program site.
- Program staff **MUST** fax a copy of the order delivery receipt to Pharmacy Services at (213) 637-2550 within ***five*** days of having received the order.
- **Note:** DMH *does not* order prescription pads for DMH Contractors. For newly hired prescribers and Locum, orders can be placed once they arrive at their new worksite.

**NEW PRESCRIPTION PAD FOR CONTROLLED SUBSTANCES (SAMPLE)**

ARTIFICIAL WATERMARK PRINTED ON THE BACK - VIEW AT AN ANGLE • SECURITY FEATURES ON BACK

LOS ANGELES COUNTY  
DEPARTMENT OF MENTAL HEALTH

00001

1023133370

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PH. NO. \_\_\_\_\_

1) \_\_\_\_\_

Quantity:  1-24  25-49  50-74  75-100  
 101-150  151 & over

Refills:  NR  1  4  5

Do Not Substitute

Dispense As \_\_\_\_\_

Quantities: \_\_\_\_\_ 75-100 \_\_\_\_\_ 5

3) \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 10/08 Prescription is void if the number of drugs prescribed is more than 3.  1  2  3 SP05

MV5454 Serial # TDN190111Q62300

**VOID**

**VOID**

"RX"'s ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

**PRESCRIPTION PAD FOR NON-CONTROLLED SUBSTANCES (SAMPLE)**

LOS ANGELES

DEPARTMENT OF MENTAL HEALTH

CLINICAL SERVICES DIVISION, MHC-UCC,

1201 N. GARDEN STREET, LOS ANGELES, CA 90059 (310) 668-4272

175

Patient Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

M

Address \_\_\_\_\_

Primary Insurer \_\_\_\_\_

**Rx**

**VOID VOID**

18-49

50-74

75-100

101-150

151+

Refills:  None

1

2

3

4

DO NOT SUBSTITUTE

WORKER'S COMP

**X**

DATE \_\_\_\_\_

Prescription is written per \_\_\_\_\_

indication is written per blank.

Printed Name \_\_\_\_\_

DEA# \_\_\_\_\_

License# \_\_\_\_\_

NOT VALID FOR CONTROLLED SUBSTANCES

RXLF113-15