



Bureau of Narcotics and Dangerous Drugs Control
Oklahoma

Fraudulent Prescription Form

Store Name: _____ Store Phone: _____

Date fraudulent prescription received: _____

Verified fraudulent by: _____

Doctor's contact number: _____

Name used to drop off prescription: _____

Name used to pick up prescription: _____

Identification checked: Yes No If yes, by whom: _____

In store or drive thru pick up? In store Drive thru pick up

Signature page? Yes No

Does the store have video surveillance? Yes No

If yes, how long is surveillance kept? _____

Reason prescription is believed to be fraudulent:

Please complete the form and fax it to (405) 524-7619. Attach a copy of the fraudulent prescription and/or signature page, if available.

