

Pharmacist's Report to Nebraska Parkinson's Disease Registry

Patient Information

Patient Name _____ SSN _____ - _____ - _____
 Last Name, First Name Middle Initial
 Patient Address _____
 Street, Unit Number City State Zip Code

Physician Information

Physician Name _____
 Last Name, First Name Middle Initial
 Physician Address _____
 Street, Unit Number City State Zip Code

Pharmacy Information

Pharmacy Name _____ Pharmacy Phone Number(_____) - _____ - _____
 Area Code
 Pharmacy Address _____
 Street, Unit Number City State Zip Code

*** PLEASE DO NOT REPORT PATIENT IF THE PHYSICIAN INDICATES THAT THE DRUG IS PRESCRIBED FOR RESTLESS LEG SYNDROME ONLY OR IF THE DRUG IS PRESCRIBED FOR EVENING OR BEDTIME USE ONLY.**

Thank you for your assistance in fulfilling the Public Health mission of Nebraska Revised Statute 81-697 to 81-6,110.

Instructions for Completing Form PHARMPDR.FRM

What is to be reported on this form:

Pursuant to Nebraska Revised Statute 81-697 to 81-6,110 the following drugs which, if dispensed in any combination or in any generic form, require reporting to the Nebraska Department of Health & Human Services Public Health Division.

Azilect Carbidopa/levodopa Mirapex Neupro Requip Selegiline (except Emsam) Stalevo

Who is to report on this form:

Nebraska Revised Statute 81-697 to 81-6,110 requires physicians and pharmacists to report information to the Department regarding individuals diagnosed with Parkinson's disease.

This form is for use by pharmacists only.

Physicians are to report using form PHYPDR.FRM. These forms may be requested by contacting Jill Krause at (402)471-8582, by email at jill.krause@nebraska.gov or by visiting our website below.

When reports are to be submitted:

Reports for prescriptions dispensed from January through June are to be submitted no later than July 31 of the same year. Reports for prescriptions dispensed from July through December are to be submitted no later than January 31 of the following year. For more information, visit our website at www.dhhs.ne.gov/parkinsons.

How reports are to be submitted:

For each individual for whom you fill a prescription for one or more of the above drugs, you are asked to complete this form, or submit your data electronically through either:

Our secure mailbox: DHHS.ParkinsonsDiseaseRegistry@nebraska.gov

Our secure fax (402)742-2380,

Request access to our Securemail system. Please send an email to jill.krause@nebraska.gov.

Mail to: **Jill Krause, Health Statistics, Box 95026, Lincoln, NE 68509-5026**

Provide me access information to your pharmacy's secure email website.

You need report an individual only once.