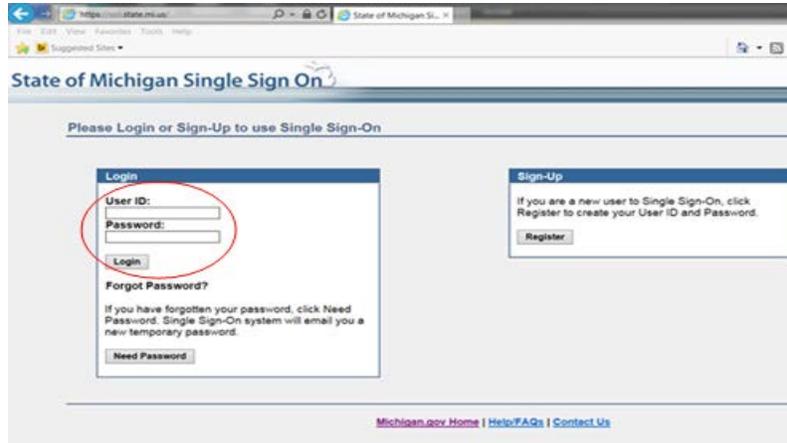




Request a MAPS Report Practitioner/Pharmacist Instructions

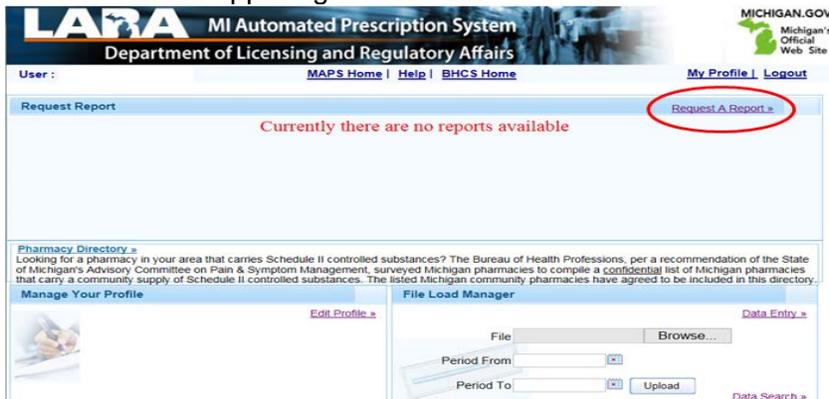
Log on to the Single-Sign On website at <https://sso.state.mi.us/>. Enter in your User ID and Password to access MAPS. Select *Login*.



Select the [Michigan Automated Prescription System](#) link.



Select *Request A Report* located in the upper right-hand corner.



Enter the patient's first name, last name and date of birth only. Select the states in which you wish to obtain controlled substance prescription history information. Select *Next*.

Request a Patient Report - Patient Details

Current Patient Details

*First Name Middle Name *Last Name

*Date of Birth Address City

State Zip

States

In the boxes below, check all the states you wish to request reports from.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Connecticut
<input checked="" type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Indiana	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Maine	<input checked="" type="checkbox"/> Michigan PMP	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Mexico	<input type="checkbox"/> North Dakota	<input checked="" type="checkbox"/> Ohio
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Utah
<input type="checkbox"/> Virginia	<input type="checkbox"/> West Virginia	<input checked="" type="checkbox"/> Wisconsin	

Note: All the fields marked as * must be completed.

Provide reason for requesting report, select *Next*.

Reasons

In the boxes below, check all the reasons that apply to this request.

- Patient requesting specific narcotics by name.
- Drug screen positive for medications not prescribed.
- Patient signed pain contract, verify narcotic usage.
- Patient taking more medication than prescribed, asking for early refills.
- Practitioner contacted by pharmacy indicating patient is getting prescriptions from multiple physicians/pharmacies.
- Patient claiming prescription was lost/stolen.
- Patient paying cash for prescriptions when they are insured.
- Patient exhibiting erratic behavior.
- New Patient.
- Other/Additional Information (100 characters max.)

Review the certification section and select your response.

Certification

I certify that this information shall be used for the purpose of providing medical or pharmaceutical treatment to a bona fide patient. I shall not provide this information to any other person or entity except by order of a court or competent jurisdiction.

After confirmation that your request has been received, select *Submit Another Request* or *Close*.

Confirmation

Your request has been received.

Please do NOT submit duplicate requests as this slows down the processing time.

The status of your requested report will be listed in the *Request Report* section of the MAPS home page. The status will state (a) *Processing* during the search of your report. The status will change to (b) *View Report* when the report is ready to view. Reports will be available for review for 10 days.

(a)

Request Report Request A Report »			
Delete	Date Requested	Patient Name	STATUS
×	01/28/2014	John Doe	PROCESSING

(b)

Request Report Request A Report »			
Delete	Date Requested	Patient Name	STATUS
×	01/28/2014	John Doe	VIEW REPORT

Contact the MAPS staff with any questions at 517-373-1737 or email at BPL-MAPS@michigan.gov.