



# COMMONWEALTH OF VIRGINIA

## Virginia Department of Health Professions

### Prescription Monitoring Program

Software Vendor: Appriss

Contact Information:

Phone: 1-855-482-4767

Email: [varxreport@appriss.com](mailto:varxreport@appriss.com)

Prescription upload web site: [www.varxreport.com](http://www.varxreport.com)

### ACCOUNT DEVELOPMENT FORM FOR REPORTING TO VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type)

Facility Name:		Manager Full Name:	
Address (Care of)			
Street Address		City	
State:		Zip Code	Work Area Code and Telephone Number
Fax Number:		Email Address:	
Pharmacy, Dentist, or Physician License Number:		Date Licensed:	License Expires on:
DEA Number:		Date DEA License Issued:	DEA Number Expires on:
NPI Number:		Date NPI Number Issued:	NPI Number Expires on:
Point of Contact (POC) Full Name:			POC Work Phone:
POC Email Address:			POC Fax Number
POC Signature: _____			Date: _____
<b>For Department Use Only</b>			
Date Received:		Date Completed:	Registration Number Assigned:
Assigned Username:		Assigned Password:	