



Louisiana State Police
Criminal Investigations Division
Pharmaceutical Diversion Program

*Refer to the LSP website for field office address & fax number

Request for Service

Date of Request:	
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Reporting Party:					Phone#:	
Business Address:						
Alleged Offense:	<input type="checkbox"/> Doctor Shopping	<input type="checkbox"/> Stolen Rx Pads	<input type="checkbox"/> Written Forgery	<input type="checkbox"/> Phone Fraud	<input type="checkbox"/> Alterations	
Type of Drug & mg:			Dosage Units:			
Type of Drug & mg:			Dosage Units:			
Type of Drug & mg:			Dosage Units:			
Suspect Name:				AKA:		
DOB:		SSN:		DL:		
Address:				Phone #:		
Date Started Treatment:			Last Date Treated by Dr:			
Remarks:						

STATE POLICE OFFICE USE ONLY

Date Reviewed:		Date Assigned:	
Agent Assigned :			
Disposition:			
Remarks:			