

# Texas Department of Public Safety

## REQUEST FOR PRESCRIPTION TRANSMITTAL FORMS

**Please send a supply of Prescription Information Transmittal Forms  
to:**

Pharmacy Name: \_\_\_\_\_

Pharmacy DPS No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Please send a supply of Prescription Information Transmittal Forms  
to:**

Pharmacy Name: \_\_\_\_\_

Pharmacy DPS No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Please mail forms to : Texas Department of Public Safety  
Texas Prescription Program  
P.O. Box 4087  
Austin, Texas 78773-0439

**OR**

Please email this information  
with your request to : [TPPCSR@txdps.state.tx.us](mailto:TPPCSR@txdps.state.tx.us)