



Controlled Substance Database Disassociation of Designee

DESIGNEE INFORMATION

Designee's Name: _____

Designee's Email: _____

PRACTITIONER INFORMATION

Name: _____ DEA Number: _____

DOPL License Number: _____ Email: _____

Establishment: _____

Establishment Phone: _____ Establishment Fax: _____

Address: _____

Street Address (including Unit/Ste #) and/or PO Box

City

State

Zip Code

Please discontinue the Designee access granted on my behalf to the Controlled Substance Database of the above name individual.

Signature of Practitioner: _____ Date: _____

Sign and submit this form to:

Email: csd@utah.gov

or

Fax: 801-530-6315