

**Iowa Pharmacy Tracking  
System Data Request Form**

*Note: For option selections, hold down the  
'Ctrl' button to select multiple options*

**Pharmacist Education:**

**Professional Activity:**

**Communities:**

**Data Sorted By:**

**Type of Data:**

**Counties:**

**Billing Information:**

**Special Instructions / Notes:**

**Custom Contact / Delivery Address:**

**Name:**

**Phone #:**

**Address:**

**Customer - Do Not Fill Out, For OSCEP Use Only:**

**Requested By:**

**Programmer Initials:**

**Labels Needed By:**

**Number of Subjects:**

**Charge: \$**