



**Department of Justice
Bureau of Narcotic Enforcement
CURES Program
Direct Dispense Data Specifications**

Field Name	Field Format	Field Length	Positions
**Physician Name	A/N	60	001 - 060
**Physician Address	A/N	40	061 - 100
**Physician City	A/N	35	101 - 135
**Physician State	A/N	2	136 - 137
**Physician Zip Code	A/N	10	138 - 147
**Physician DEA Number	A/N	10	148 - 157
**State Medical License	A/N	10	158 - 167
Telephone Number	A/N	10	168 - 177
Category of Licensure	A/N	5	178 - 182
**Date of Dispensing	N	8	183 - 190
**Quantity	N	5	191 - 195
Drug Name	A/N	35	196 - 230
**NDC Number	N	11	231 - 241
Strength	A/N	25	242 - 266
**Patient Last name	A/N	15	267 - 281
Middle Initial	A/N	2	282 - 283
**Patient First Name	A/N	15	284 - 298
**Date of Birth	A/N	8	299 - 306
**RX Number	N	9	307 - 315
**Gender Code	N	1	316 - 316
ICD Code	N	7	317 - 323
**Patient Street Address	A/N	30	324 - 353
**City	A/N	25	354 - 378
**State	A/N	2	379 - 380
**Zip Code (Extended)	A/N	10	381 - 390
**Date Submitted	A/N	8	391 - 398

***NOTE:** All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

**** Required Field.**



Department of Justice Bureau of Narcotic Enforcement CURES Program Direct Dispense Data Specifications

Direct Dispense Format Field Definitions

Field Name	Definition	Values/Comments
Physician Name	Last name and first name of physician	
Physician Address	Physician's business address	
Physician City	Physician's business city	
Physician State	Standard 2-digit State abbreviation (example: CA).	
Physician Zip Code	9 digit zip code	XXXXX-XXXX
Physician DEA Number	Drug Enforcement Agency (DEA) number assigned to the physician/dispenser	
State Medical License	State Medical license issued by the Board of Medical	
Physician Telephone Number	Business telephone number	
Category of Licensure	Physician's medical license type	MD, DDS, VMD
Date of Dispensing	Date drug was dispensed	YYYYMMDD
Quantity	Number of metric units of drug being dispensed	
Drug name	Product name of dispensed drug	
NDC Number	National Drug Code of the drug dispensed in (5-4-2) format	
Strength	Drug strength in mg, ml	
Patient Last Name	Patient Last Name	
Middle Initial	Patient middle initial	
Patient First Name	Patient First Name	
Date of Birth	Patient's birth date	YYYYMMDD
Rx Number	Prescription number	
Gender Code	Sex / Gender of the patient	1=Male 2=Female
ICD Code	ICD-9 or CPT code provided by physician	
Patient Address	Street or PO Box #	
City	City patient lives in	
State	Standard 2-digit State abbreviation (example: CA).	
Zip Code	Full zip code (including 4-digit suffix if available).	XXXXX-XXXX
Date Submitted	Date the Direct Dispensing report is submitted to Department of Justice	YYYYMMDD