



**Department of Justice
Bureau of Narcotic Enforcement
CURES Program
Direct Dispense Data Specifications - Veterinary Use Only**

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
**Date of Dispensing	N	8	178 - 185
**Quantity	N	5	186 - 190
Drug Name	A/N	35	191 - 225
**NDC Number	N	11	226 - 236
Strength	A/N	25	237 - 261
**Client First Name	A/N	15	262 - 276
Middle Initial	A/N	2	277 - 278
**Client Last Name	A/N	15	279 - 293
Client Date of Birth	A/N	8	294 - 301
**Animal Patient's Name	A/N	15	302 - 316
**Gender Code	N	1	317 - 317
**Patient Street Address	A/N	30	318 - 347
**City	A/N	25	348 - 372
**State	A/N	2	373 - 374
**Zip Code (Extended)	A/N	10	375 - 384
**Date Submitted	A/N	8	385 - 411

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

**** Required Field.**



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Direct Dispense Format Field Definitions for Veterinarian's log

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	
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	
Client First Name	Client First Name	
Middle Initial	Client middle initial	
Client Last Name	Client Last Name	
Date of Birth	Patient's birth date	YYYYMMDD
Animal Patient's Name	Name of pet	
Gender Code	Sex / Gender of the patient	1=Male 2=Female
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