

OREGON MEDICAL BOARD
 1500 SW First Avenue Suite 620
 Portland, OR 97201
 Phone: (971) 673-2700
 FAX: (971) 673-2670
www.oregon.gov/omb

Above Space for Official Use Only
 Key Code 1550 1551 1540 1580

SERVICE REQUEST

Received at OMB by _____
 (Name and Date)

Ordered By

Date
 Name
 Street
 City, St, Zip
 Phone

Shipping Instructions

Mail FAX Pick-Up (Will Call)
 Name
 Street
 City, St. Zip
 FAX

Service Requested

Note: Fee shown is for Mailing, Faxing or Pick-Up. Mailing *and* Faxing requires *TWICE* the fee shown.

- | | <i>Required Information</i> | <i>Fee</i> |
|--|-----------------------------|----------------|
| <input type="checkbox"/> Verification of Licensure -----
(Letter of Good Standing) [1550/1551]
*Includes BOARD ORDER REPORT if the licensee has any board orders on file.
Orders of 5 or more verifications requests are \$7.50 per request. | Licensee Name(s)/Practice | \$ 10.00/Name* |
| <input type="checkbox"/> Individual Board Order Report [1540] ----- | Licensee Name(s)/Practice | \$ 10.00/Name* |
| <input type="checkbox"/> Individual Malpractice Search [1580] ----- | Licensee Name(s)/Practice | \$ 10.00/Name* |

Required Information (if applicable):

Licensee Name(s) and Practice (MD/DO/DPM/PA/AC)

License Number

Use the form on the next page for credit card payment

Office Use Only
 Service Performed by: _____ Date: _____

