

DATA REQUEST FORM

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ CONTACT NAME: _____
(please print)

CITY: _____ STATE _____ ZIP _____ TELEPHONE: _____

PURPOSE OF DATA REQUEST: _____

COMMENTS REGARDING DATA REQUEST: _____

SELECT PREFERENCES - Choose as many as you like from each column:

TYPE	STATUS	DATA FIELDS	DATA FIELDS	DATA FIELDS
MD	Active	Lic #	Lic Type	Lic Expiration Date
DO	Inactive	Lic Status	Standing	Limits
DPM	Emeritus	Primary Specialty	DOB	Gender
LAc	Locum Tenens	Board Certified	Where Born	Professional School
PA	Limited License	Addr. Effective Date	Acceptance Basis	Date Graduated
		County	Dispensing	School Location
		Phone	Date 1 st Lic.	Foreign School

SELECT PREFERENCES - Choose one from each column:

ADDRESS	DELIVERY	FORMAT
Mailing	Mail CD	Fixed-Width/Delimited ASCII
Mailing & Practice	Call for Pick-Up	CSV – (Includes all data fields and both mailing & practice addresses).
Practice		

For definitions of type, status and data fields see: <http://www.oregon.gov/bme/specord.html>

License Name, Address, City, State, Zip are standard.

PRICE LIST: Payment must be made in advance and in U.S. FUNDS ONLY. Make checks payable to: OREGON MEDICAL BOARD. Prices are **\$150.00 - Standard** (choose any or all of the choices from preferences above for a standard list). or **\$150.00 + \$40.00/hr - Custom** (a custom list is one that has special requests on it such as only certain counties or ten different specialties for example). Fees are set in accordance with OAR 847-001-0005.

OREGON MEDICAL BOARD
1500 SW First Avenue, Suite 620
Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

Credit Card Payment

Note: All payment information is confidential, Oregon Medical Board use only.

_____			\$ _____
Company Name			Amount

Printed Name as it Appears on Card			
_____		_____	
Signature		Phone Number with Area Code	

Cardholder's Mailing Address			

[][][][] - [][][][] - [][][][] - [][][][]		[][] - [][]	[][][]
Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date	Security Code