

Ambulatory Surgery Data Reporting Program Registration Form

All Oregon Ambulatory Surgery Centers are required to report their patient case data to the Office for Oregon Health Policy and Research (OHPR). Please complete this form in order to comply with the reporting requirements.

ASC Facility Name _____

Administrator _____

E-mail _____

Phone _____

Facility Address _____

City _____

State _____

Zip _____

Please complete this form and send to:

Erica Hedberg
1225 Ferry St SE, 1st Floor
Salem, OR 97301
Email: Erica.Hedberg@state.or.us
Fax: 503.378.5511

If you have any questions about this form please call Erica Hedberg at 503.373.2287.