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.

		Required Information	*Fee*
☐	Verification of Licensure (Letter of Good Standing) [1550/1551] ----------	Licensee Name(s)/Practice	$ 10.00/Name*
☐	Board Order Report [1540] ----------	Licensee Name(s)/Practice	$ 10.00/Name*
☐	Malpractice Search [1580] ----------	Licensee Name(s)/Practice	$ 10.00/Name*

*__Includes BOARD ORDER REP0RT__ if the licensee has any board orders on file.
Orders of 5 or more verifications requests are $7.50 per request.

Closed Malpractice Claim Reports are now on a separate form

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: _____

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Portland, OR 97201-5847
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www.oregon.gov/omb

Credit Card Payment

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

$ _____
Amount

_____
Company Name

_____
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