

OREGON MEDICAL BOARD  
 1500 SW 1st Avenue Suite 620  
 Portland, OR 97201  
 Phone: (971) 673-2700  
 FAX: (971) 673-2670  
[www.oregon.gov/omb](http://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 -----<br>(Letter of Good Standing) [1550/1551]<br><i>*Includes BOARD ORDER REPORT if the licensee has any board orders on file.<br/>           Orders of 5 or more verifications requests are \$7.50 per request.</i> | 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: \_\_\_\_\_

