

SEND A COPY OF THIS FORM TO THE OREGON STATE PUBLIC HEALTH DIVISION

PHARMACY DISPENSING RECORD

ORS 127.800 - ORS 127.897

MAIL FORM TO: Center for Health Statistics,

Oregon State Public Health Division, P.O. Box 14050, Portland, OR 97293-0050

 **PLEASE PRINT**

A PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:

B PHYSICIAN INFORMATION	
NAME (LAST, FIRST, M.I.):	TELEPHONE NUMBER: () —
MAILING ADDRESS:	
CITY, STATE AND ZIP CODE:	

C DISPENSING HEALTH CARE PROVIDER INFORMATION	
NAME (LAST, FIRST, M.I.):	TELEPHONE NUMBER: () —
MAILING ADDRESS:	
CITY, STATE AND ZIP CODE:	DATE OF THIS REPORT:

D MEDICATIONS DISPENSED			
MEDICATIONS	QUANTITY	DATE PRESCRIBED	DATE DISPENSED
#1			
#2			
#3			
#4			