

OREGON MEDICAL BOARD
 1500 S.W. 1ST AVE., Suite 620
 Portland, Oregon 97201-5847
 Phone (971) 673-2700
 Fax (971) 673-2670

LICENSEE FILE COPY REQUEST

Business Name:

Date:

Requestor Name:

Address:

Email Address:

Fax #:

Phone #:

Licensee Name and Number:

An estimate will be provided via email. You may call for an estimate to expedite your request.

When payment is received, the information requested will be mailed to you via United State Postal Service (USPS) or faxed to you based on your request.

USPS

FAX

OMB USE ONLY		COST:
Basic Copying Charge		
<input type="checkbox"/> Copying/mailling or faxing information @ \$5.00 + \$0.20/page	1560	
Record Search Fees: Staff time reviewing file/documents, redacting		
<input type="checkbox"/> Clerical @ \$20.00 per hour	1572	
<input type="checkbox"/> Administrative @ \$40.00 per hour	1571	
<input type="checkbox"/> Executive @ \$50.00 per hour	1573	
<input type="checkbox"/> Medical Director @ \$75.00 per hour	1574	
TOTAL AMOUNT DUE		

RETURN THIS FORM WITH YOUR PAYMENT

KEEP A COPY FOR YOUR RECORDS

THANK YOU!

OREGON MEDICAL BOARD

1500 SW 1st 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.

DO NOT EMAIL CREDIT CARD PAYMENT FORM

<hr/> <p>Company Name</p>		<hr/> <p>\$ Amount</p>																														
<hr/> <p>Printed Name as it Appears on Card</p>																																
<hr/> <p>Signature</p>	<hr/> <p>Phone Number with Area Code</p>																															
<hr/> <p>Cardholder's Mailing Address</p>																																
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Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date	Security Code																													