



OREGON BOARD OF MEDICAL IMAGING
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Website: <http://www.oregon.gov/OBMI>

Email: OBMI.Info@state.or.us

License Verification Request

*List The Licensee's Name & License Number Below That You Are Asking To Verify.
Fill this out completely and mail it to the address listed on the top of this form.*

| | | |
|--|--------------|---------------|
| | | |
| (Last Name) | (First Name) | (Middle Name) |
| (Licensee's OBMI Medical Imaging License Number) | | |

Please Mail License Verification To:

| | | | |
|-----------------------------------|------|------------------------|----------|
| Business Name | | | |
| Street Address | City | State | Zip Code |
| Business Telephone No. | | Business Fax No. | |
| Who Do We Send This Attention To? | | Business Email Address | |

I, the licensee authorize the Oregon Board of Medical Imaging to provide verification of licensure to the above mentioned name or entity.

(Signature)

(Date)