



Oregon Board of Chiropractic Examiners

Notification of Sale/Transfer/or Closure of Practice

Today's Date: ___/___/___ Date of Sale/Transfer/Closure: _____

I am no longer located at this Oregon chiropractic practice:

Provider's Name: _____ License #: _____

Clinic/Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Details of Transaction (type or print clearly):

Records

OPTION 1 My records are in my control, and at one of these locations:

Check one box, and provide full address.

My home Storage Unit Other (Explain) _____

Address: _____

City: _____ State: _____ Zip: _____

To contact me, patients or third parties may submit a written request to me by:

Email: _____, or

Phone: _____, or

US mail: Send to the designated address above.

OPTION 2 My records are in control of another Oregon licensee.

A patient/third party may contact this licensee for treatment, or copies of patient files by mail, phone, or email.

(Print other licensee's name) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (if known): _____

In the event of the death of a provider, a spouse or a child of legal age may be custody of records for up to one year.

The OBCE is to be informed of transference of records or notified of legal custodian within 30 days of transference.

Send this completed form to the OBCE (mail, email, fax):

Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301
Email: Oregon.obce@oregon.gov
FAX: (1) 503-362-1260