



## Oregon Prescription Drug Monitoring Program REPORTING WAIVER

\*\*Office Use Only\*\*

/ /

Date Received

Request Number

### Instructions:

- Please complete all blanks and questions. Incomplete requests will be returned.
- Requests may be faxed, mailed, or e-mailed to the Oregon Health Authority's PDMP.

**E-mail:** pdmp.health@state.or.us      **Fax:** 971-673-0990

**Address:** Prescription Drug Monitoring Program  
800 NE Oregon Street, Suite 772  
Portland, OR 97232

- Please call 971-673-0741 if you have any questions regarding the Oregon PDMP.

I request a reporting waiver for the Oregon Prescription Drug Monitoring Program (PDMP).  
I represent a pharmacy or a facility that **never** dispenses controlled substance prescriptions (or  
**never** dispenses controlled substance prescriptions into Oregon.)

How many controlled substances did the pharmacy fill for Oregon residents within the last year?  
(Circle one) 0      1-15      16+

Is this your first waiver request to Oregon PDMP? (Circle one)      Yes      No

If No, what type of waiver were you granted previously?

Comments:

*I further certify that if this pharmacy or facility begins to dispense prescription drugs that qualify for reporting, I will immediately notify the Oregon Health Authority and will make required reports at that time.*

Signature

Title

Printed Name

E-mail address

Pharmacy or Facility Name

Pharmacy License #

DEA#

Pharmacy Address, City, State, Zip

Phone

*\*After the Oregon Health Authority has reviewed the request, an e-mail will be sent informing you of the decision. Waivers are processed in order of receipt. Waivers are granted for two (2) years at which time pharmacies must reapply.*