

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**

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

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

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

<b>D MEDICATIONS DISPENSED</b>			
MEDICATIONS	QUANTITY	DATE PRESCRIBED	DATE DISPENSED
#1			
#2			
#3			
#4			