Oregon State Board of Nursing
17938 SW Upper Boones Ferry RD • Portland, OR 97224 • www.oregon.gov/OSBN
(971) 673-0654 • (971) 673-0683 FAX

Prescription Information Form

Name of Participant: _____
(please print)

Use of controlled substances while on Probation is restricted to absolute need and justification by a prescriber.

You must have your health care practitioner complete the table below regarding any controlled substances or narcotics she/he prescribes for your medical condition.

You must then fax or mail this form and copies of any prescriptions to the OSBN Investigations Dept.

Prescription Information			
DATE OF PRESCRIPTION	TYPE OF MEDICATION	QUANTITY & DOSAGE PRESCRIBED/NUMBER OF REFILLS	REASON FOR MEDICATION/LENGTH OF TREATMENT

Release has been signed to allow communication with the Board? _____ (yes/no)

Can this patient continue practicing/performing duties while taking these medications? _____ (yes/no)

If no, when can this patient return to nursing duties? _____ (date)

Comments: _____

I have been informed this patient is on probation and has a chemical dependency or mental health diagnosis.

_____ _____
Practitioner Name (Please Print) Practitioner Signature

_____ _____
Practitioner Office Phone Number Date