Oregon Medical Health Database
Access Application Form

Submit to helpdesk.leds@state.or.us
or Fax to (503) 588-1378

AGENCY INFORMATION

Agency Name	
Agency ORI	
Agency Administrator	
Mailing Address	
City	
Zip	

Routable IP Address*

USER INFORMATION

Name (Last , First, M.I.)	Title	Telephone	Email

Additional users

**Routable IP address is provided to allow access through network firewall. Addresses that start with "10..." "192.168..." or "172.16-31..." are not routable and cannot be used. Please check with your local Network Administrator for clarification.*