



Oregon

Kate Brown, Governor

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CHARITABLE PHARMACY ANNUAL REPORT 2021 DATA

Please answer the following questions and return with your 2021 Supplemental Information Form and annual renewal payment. Additional attachments may be provided.

1. Please list your charitable pharmacy business name: _____

2. Charitable pharmacy Point of Contact person: _____

3. Approximately how many prescriptions did you fill during the calendar year of 2021? _____

4. Approximately how many patients did your charitable pharmacy provide pharmacy services to during the 2021 calendar year? _____

5. Per ORS 689, the program may accept and distribute within this state. Please list your primary donor sources. (For example: practitioners, pharmacies, private donations, etc.) **NOTE: Donated drugs may be accepted from an individual, but may not be dispensed because a pharmacist has no way to determine the storage conditions and thus the safety of a prescription, donated by an individual.**

_____	_____
_____	_____
_____	_____

6. Does your charitable pharmacy repackage drugs to donate to another charitable pharmacy?
 Yes No

7. Does your charitable pharmacy receive donated, repackaged drugs from another charitable pharmacy? Yes No

8. Are you filling prescriptions for another charitable pharmacy? Yes No

9. Please list the top three clinical conditions of your patient population. (For example: mental health, illness, cardiovascular disease, diabetes, or pain, etc.)

Name of person completing report: _____

Signature _____ Date _____