



# Oregon

Kate Brown, Governor

**Oregon Board of Pharmacy**  
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## CONSULTING OR DRUGLESS PHARMACY ANNUAL REPORT 2019 DATA

Please answer the following questions and return with your 2020 Supplemental Information Form and annual renewal payment. Additional attachments may be provided.

1. Please list your pharmacy business name: \_\_\_\_\_

2. Please list your consulting pharmacist(s): \_\_\_\_\_

3. Approximately how many patients residing outside of Oregon did your pharmacy provide pharmacy services to during the 2019 calendar year?

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

5. Are there any rule changes or procedures that you would like the Board to consider? Are there any current rules you have found to be problematic? Please explain.