



# Oregon

Kate Brown, Governor

**Oregon Board of Pharmacy**  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971 / 673-0001  
Fax: 971 / 673-0002

E-mail: [pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)  
Web: [www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)

## **CONSULTING OR DRUGLESS PHARMACY ANNUAL REPORT 2021 DATA**

Please answer the following questions and return with your 2022 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 2021 calendar year?

\_\_\_\_\_

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

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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.

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