



Oregon

Kate Brown, Governor

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

Email: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

VOLUNTARY FRAUDULENT PRESCRIPTION REPORTING FORM

This form is to be voluntarily completed by pharmacy personnel.

If fraud is in progress, please call 911, otherwise contact your local non-emergency Law Enforcement Agency.

I. Time and Location

Date prescription was presented to pharmacy: _____ Time: _____ am/pm

Prescription in question confirmed to be a forgery? ____ Yes ____ No

If yes, with whom (at the clinic) did you speak?

Name/Title: _____

Contact Information: _____

Reason prescription believed to be fraudulent:

Name of Pharmacy: _____

Address: _____

Phone: _____ Fax: _____

Pharmacist on duty during incident: _____

II. Description of individual dropping off or picking up prescription

Gender: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Other Identifiable Markings (i.e. tattoos): _____

Does your store have video surveillance: ____ Yes ____ No. If so, how long is it kept? _____

III. Please provide the information as it is on the prescription: (attach photo if available)

Type of identification (i.e. Driver's License or State ID) _____

'Patient' Name: _____ DOB: _____

Name of Medication(s), including dosage: _____

Prescriber: _____ Phone: _____

Name of Practice or Address: _____

IV. Person Completing This Form:

Name/Title: _____ Date: _____

Email: _____