



Oregon

Kate Brown, Governor

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Charitable Pharmacy Annual Report 2015 Data

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

1) Please list your charitable pharmacy business name and Point of Contact.

2) Approximately how many prescriptions did you fill during the calendar year of 2015?

3) Approximately how many patients did your charitable pharmacy provide pharmacy services to during the 2015 calendar year?

4) Please list your primary donor sources? (For example: practitioners, pharmacies, private donations, etc.)

- _____
- _____
- _____

5) Are you filling prescriptions for another charitable pharmacy? ____YES ____NO

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

- _____
- _____
- _____

7) Are there any rule changes or procedures that you would like the Board to consider?

- _____
- _____
- _____