

OREGON PDMP GATEWAY INTEGRATION FORM

Forms must be sent via email to: pdmp.health@state.or.us

Eligible Entity Business Information

Entity Type: Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other (explain):
Entity Name:
Entity Address:
Entity Phone:
Entity NPI or Tax ID:
Number of expected users accessing OR PDMP Gateway:

Primary Contact

Contact Name:
Contact Phone:
Contact Email:

IT Contact

Contact Name:
Contact Phone:
Contact Email:

Software Information

Vendor Name:
Product Name and Version:
Install Type On-premise <input type="checkbox"/> Cloud <input type="checkbox"/>
Name of Primary Contact for Software Vendor:
Contact Phone:
Contact Email:

In addition to this form, the *Oregon PDMP Gateway Services Use Agreement* must be completed, submitted, and approved prior to PDMP Gateway integration as part of the Approval of Health Information Technology System as specified in OAR 333-023-0830.