



DISPENSING PERMIT REQUEST

Please **mail** completed form and check fee of \$50.00 per dispensing location to:

Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Blvd, Suite 100

Oklahoma City, OK 73105

(405) 528-8625

(Please print all information)

NAME: _____

LICENSE NUMBER: _____

Practice Address/Phone Number #1:

Practice Address/Phone Number #2:

Practice Address/Phone Number #3:

Home Telephone: _____

Cell Phone: _____

E-mail Address: _____

Dispensing Rules can be located under Forms on our OSBOE Home Page

Refer to OAC Rule 510, State Board of Osteopathic Examiners, Chapter 5: Professional Standards, Subchapter 3: Dispensing Dangerous Drugs (see pg 10 of the Rules)

Signature

Date