



If you have received what you believe to be a fraudulent call, please fill out and submit this form to our office at investigations@osboe.ok.gov or by mail at 4848 N. Lincoln Blvd. Ste. 100 Oklahoma City, OK 73105. For assistance preparing this form or with any further questions, reach out to our office at 405-528-8625. Please be cautious opening any email attachments from potential scammers.

Physician Information

Last Name: _____ First Name: _____ M.I.: _____
 License No: _____ OBND No: _____ DEA No: _____
 Cell Phone: _____ Email: _____
 Practice Name: _____
 Practice Address: _____

Fraudulent Call Information

Date/Time of Call: _____
 Name of Organization, if given: _____
 Agent Name, if given: _____
 Phone No. Called: _____ Phone No. of Caller: _____
 Badge No., if given: _____ Documentation Provided?: _____ If yes, please submit.

Provide Summary of Call (If more space is required, continue on a separate sheet):

Any other pertinent details?:

Signature: _____ Date: _____