

**Oregon Board of Optometry
Wall Certificate Order**

_____, O.D.
(Print name as you wish it to appear on your 8/12" X 11" certificate)

Oregon optometric license number

Date license effective

Enclose this order with a check in the amount of \$30.00 made payable to the Oregon Board of Optometry and send it to the address below. It will take several weeks to process your order.

Oregon Board of Optometry
1900 Hines St. SE, Ste. 290
Salem OR 97302

wallcertjor.0911