

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704
Home Page: <http://www.azmd.gov>

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

**** Please Type or Print ****

PHYSICIAN NAME: _____

LICENSE #: _____

SPECIALTY: _____

CHECK ONE: **Initial Registration (\$200)**

Renewal Registration (\$150)

- f Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- f For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- f Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

PLEASE NOTE

A **separate** DEA license must be submitted for **EACH** location where controlled substances will be dispensed and must be kept current during the registration period

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

| | | | | | | | |
|-------------------|--------------------------|--------------------|--------------------------|-------------------------|--------------------------|--------|--------------------------|
| Street Address | | | | City/State/Zip Code | | | |
| Phone Number | | | | Fax Number | | E Mail | |
| Schedule II Drugs | <input type="checkbox"/> | Schedule III Drugs | <input type="checkbox"/> | Prescription-Only Drugs | <input type="checkbox"/> | Nubain | <input type="checkbox"/> |
| Schedule IV Drugs | <input type="checkbox"/> | Schedule V Drugs | <input type="checkbox"/> | Prescription Devices | <input type="checkbox"/> | | <input type="checkbox"/> |

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

| | | | | | | | |
|-------------------|--------------------------|--------------------|--------------------------|-------------------------|--------------------------|--------|--------------------------|
| Street Address | | | | City/State/Zip Code | | | |
| Phone Number | | | | Fax Number | | E Mail | |
| Schedule II Drugs | <input type="checkbox"/> | Schedule III Drugs | <input type="checkbox"/> | Prescription-Only Drugs | <input type="checkbox"/> | Nubain | <input type="checkbox"/> |
| Schedule IV Drugs | <input type="checkbox"/> | Schedule V Drugs | <input type="checkbox"/> | Prescription Devices | <input type="checkbox"/> | | <input type="checkbox"/> |

***** List any additional locations on the 2nd page of this form and place a check mark here:

Physician's Signature: _____ Date: _____

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa, MasterCard or American Express

If you wish to pay by payment card, please complete the attached
PAYMENT CARD AUTHORIZATION FORM

| | | | | | | | |
|--------------------------------------|--|--------------------|--|---------------------------------|--|--------|--|
| ADDITIONAL PRACTICE LOCATION: | | | | DEA # FOR THIS LOCATION: | | | |
| Street Address | | | | City/State/Zip Code | | | |
| Phone Number | | | | Fax Number | | E Mail | |
| Schedule II Drugs | | Schedule III Drugs | | Prescription-Only Drugs | | Nubain | |
| Schedule IV Drugs | | Schedule V Drugs | | Prescription Devices | | | |

| | | | | | | | |
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| Phone Number | | | | Fax Number | | E Mail | |
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Arizona Medical Board

PAYMENT CARD AUTHORIZATION DISPENSING

Payment for: _____ M.D. License # _____
Physician Name

Initial \$200 Renewal \$150

Type of Card: Visa MasterCard American Express

Card #: _____

Expiration Date: _____ (MM-YY)

Name as Shown on Payment Card: _____

Billing Address of Cardholder:

(Required)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number of Cardholder: _____

(Required)

Mailing Address of Cardholder: (If different from billing address).

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____ Date: _____

Please complete and return this form *with your dispensing registration* if paying by credit card
Mail to: Arizona Medical Board, 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258
Or Fax to 480-551-2704

(If you fax your form and fee payment, **DO NOT** mail in the originals as you may be charged a second time. Thank you!)