D. Taylor and S. Clark

Feb 25 09 09:35a

APPLICATION

Official Use Only: Inquiry#	41803	Date	Application Re	eceived		<u> </u>
To be completed and signed by	applicant. All quest	ions MUST be an	swered, even if	only to indicat	e "None" or "N/	A".)
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. Present Name TAYL	UR DE	First)	(Middle)	<u> </u>	(Maiden)	
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(a) Office/Training Address:	(No.)	(Street)	(City)	(State)	(Zip/Post Code)	90033
All States or provinces in whi If license is pending or was	ich vou have or had a	license or registrat	ion. If more tha	ın five, attach se	parate listing.	
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C.	National Board	of Medical Examin	ers Examination (NB	ME) Certification Date	· 		
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10. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES 🗆	NO
11. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES □	NO
12. Have you ever been dropped, suspended, placed on probation, expelled, fined, resigned or been requested to resign from any medical school or post secondary educational program in which you were enrolled?	YES 🗆	70 K
13. Has any training program taken action against you including probation, restriction, suspension, revocation, modification, accepted resignation, asked you to leave temporarily or permanently?	YES 🗆	NO.
14. Have you ever voluntarily surrendered any healthcare license?	YES 🗆	NO Ø
15. Have you ever had any healthcare license revoked?	YES 🗆	NO 🗷
16. Have you ever been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license, been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES □	NO 🗷
17. Have your privileges ever been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES 🗆	NO 🔀
18. Has disciplinary action been taken against you by any licensing agency with regard to any professional license? Including but not limited to restricted, terminated, voluntarily or involuntarily assigned or withdrawn	YES □	NODE
19. Are there any pending complaints, investigations, or disciplinary actions against you with any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES □	NO 🗷
20. Have you ever had a registration issued by a controlled substance authority (State of Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	YES □	NO/EX
21. Have you ever been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.	YES 🗆	NOD
22. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES 🗆	NO 🗵
23. In the last ten (10) years has a judgment or settlement been entered against you as a defendant in a medical malpractice suit? *Please do not report pending malpractice suits or	YES 🗆	NO ⊠
settlements paid not related to a civil action. 24. Have you ever been court martialed or discharged other than honorably from the armed	YES 🗆	NO
25. Have you ever been terminated from a healthcare position with a city, county, or state	YES □	NO E
government or the Federal government? 26. Have you ever been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?	YES □	NODEK
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Note: In the event the response to any of the questions numbered 10 through 26 is "YES", the applicant must file with the application a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such charge(s). IN ADDITION, the applicant must submit photocopies of any complaints, hearings, settlements or judgments together with copies of patient's hospital and/or office records to the AMB.

Moral Turpitude includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

Applicant Name DE SHAWN Affile, M.D. (3)

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CONFIDENTIAL Physical/Mental Health and Substance Abuse

1. Within the last five years, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder? 2. Are you now or have you in the last 5 years been addicted to or abused any chemical substance

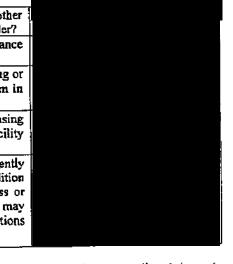
including alcohol (excluding tobacco and caffeine)?

3. Are you now being treated or have you in the last 5 years been treated or evaluated for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below.

Have you ever been criminally charged with or investigated by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility

for inappropriate contact with a patient or patients?

5. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1) behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.



In the event you answer YES to any of the above questions, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name and address of all training programs or healthcare providers, physicians, preceptors, hospitals/rehabilitation centers, etc. where you were counseled/treated. You must also have a copy of your history and physical examinations, consultation reports, discharge summaries from all hospitals/rehabilitation centers and a statement from your attending physicians or treating therapists setting forth your diagnosis, prognosis and recommendations for continuing care, treatment, supervision and a statement as to whether there is anything that would prevent you from safely practicing any type of medicine. This must be sent directly to the AMB.

If you are currently participating or have participated pursuant to a CONFIDENTIAL AGREEMENT OR ORDER in a program for the treatment and rehabilitation of doctors of medicine impaired by alcohol, drug abuse or for other issues YOU MUST SUBMIT A NARRATIVE OF CIRCUMSTANCES WITH YOUR APPLICATION AND REQUEST THE FOLLOWING DOCUMENTATION BE SENT DIRECTLY TO THE ARIZONA MEDICAL BOARD'S PHYSICIAN HEALTH PROGRAM.

· Evaluation/Treatment records

Psychiatric/Psychological records

Compliance reports from state monitoring programs

Please note: All documents requested above must be sent directly from the primary source to the Arizona Medical Board's Physician Health Program Department from the primary source and will not be accepted if submitted by the applicant.

FAILURE TO PROPERLY ANSWER THESE QUESTIONS OR DISCLOSE ALCOHOL, SUBSTANCE ABUSE OR OTHER ISSUES CAN RESULT IN BOARD DISCIPLINARY ACTION, INCLUDING REVOCATION OR DENIAL OF A LICENSE.

If you have any questions, please contact the Board's Physician Health Program at (480) 551-2716 or (877) 255-2212.

Ability to practice medicine is to be construed to include all of the following:

- The cognitive capacity to make appropriate clinical diagnoses and exercise reason medical judgments and to learn and keep abreast of medical developments;
- 2. The ability to communicate those judgments and medical information to patients and other healthcare providers, with or without the use of aids or devices, such as a voice amplifier; and
- 3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to chronic and/or uncorrected orthopedic, visual, speech, or hearing impairments, epilepsy, multiple sclerosis, behavioral health illness, dementia, drug addiction and alcoholism.

Applicant Name DE SHAWN TAYLOR M.D. (4)

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The applicant	PRINT OR TYPE YOUR NAME)
Tite approant &	(PRINT OR TYPE YOUR NAME)
being first duly sw application; that I know the full cont credentials submitte Medicine as preser examination, and misrepresentation of Further, I hereby employers (past, p government agencial information, files of and treatment for application; or any professional conduct the Arizona Medical information which falsification or mis	orn upon his oath deposes and says: that I am the person herein named subscribing to this have read the statutes and rules regarding licensure and have read the complete application, ent thereof, and declare that all of the information contained herein and evidence or other ed herewith are true and correct; that I am the lawful holder of the degree of Doctor of ibed by this application, that the same was procured in the regular course of instruction and that it, together with all the credentials submitted, were procured without fraud or or any mistake of which the applicant is aware that the applicant is the lawful holder thereof, authorize all hospitals, institutions or organizations, my references, personal physicians, resent and future), business and professional associates (past, present and future), and all es (local, state, federal or foreign) to release to the Arizona Medical Board or its successors any or records, including medical records, educational records, and records of psychiatric treatment drug and/or alcohol abuse or dependency, requested by that Board in connection with this or further or future investigation by that Board necessary to determine my medical competence, ct or physical or mental ability to safely engage in the practice of medicine. I further authorize all Board or its successors to release to the organizations, individuals or groups listed above any is material to the application or any subsequent licensure. I further acknowledge that prepare the same, if issued.
	v v v v v v v v v v v v v v v v
Under penalty of p	perjury I certify I am a U.S. Citizen or a qualified/registered alien.
Signature of Applic	ant North M.D. Date 2/22/09
If you would like to application with the	o designate/authorize ONE other individual beside yourself to check the status of your e AMB, please complete the following information:
Entity name:	Individual Name Phone #
MISDEMEANOR SUBMITTING T	
	FOR OFFICIAL USE ONLY
Application Processes	1bv 15c/20 3/19/09
Application Approved	417 2009 by Ourann State
''	4 7 20 09 by Ougann State 4 30 09 License Number 41803



9545 East Doubletree Ranch Road Scottsdale, Arizona 85258
Phone: 480-551-2700Fax: 480-551-2704
www.azmd.gov

Form 2 **Medical College Certification**

In applying for a license to practice medicine in Ari	zona, the Medical Board requires this f	orm to be completed by the	: Dean or the
Registrar of all medical schools attended. This is y	our authorization to release any inform	ation in your files of record	l, favorable or
otherwise, DIRECTLY to the Arizona Medical Boar	d, 9545 East Doubletree Ranch Road, S	cottsdale, Arizona 85258, b	y mail or fax.
Your prompt response will be appreciated			•

ur prompt response will be appreciated. Applicant Name:	TANING 1.	(Aylof-HARRIS), M
alles med	- 171702	2/25/09
Signature		Date (Mosth/Dey/Vear)
		
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This certifies that <u>DeShawn</u> (Name of a	Lakisha To	aylor-Harris
was enrolled in David (Teffen (Name of M	School of Media redical School)	cine at UCLA Las Angeles, C (Location-City/State)
The undersigned further certifies that the	records of this institution s	show that the applicant attended this institution
from 08 1997 (month/year)	to	06 200) (month/year)
(month/year)		(month/year)
	e applicant was granted a ne applicant withdrew from	
the above named Medical Se	hool on	06 01 2001
Advanced credits - Credits granted upon	odmission	(Monday , young
Advanced creams – Creams granted upon a	anneson	
(name of medical school)	(total credits)	(dates attended)
		(SEAL OF COLLEGE)
Martin Hunter		(If no seal, please indicate)
••	nter	
Registrat		Date 02 27 2009
hress: 12-159 CHS, BOX	951720 La	25 Angeles , CA 90095
phone number: 310-825-6283	2 Fax numbe	<u> 310-794-9574</u>

VERIFIED Licensing

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DEPT. OB/GYN USC GYN

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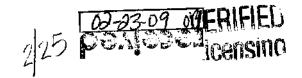


Arizona Medical Board 9545 East Doubletree Ranch Road Scottsdate, Arizona 85256 Phone: 480-551-2700Fax: 480-551-2704 www.azmd.gov

Form 3 Postgraduate Training Certification

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Program Director of each postgraduate training program in the United States, its territories, and/or Canada that I participated in. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the Arizona Medical Board, 9545 East Doubletree Ranch Road, Scottsdale, Arizona 852SR, by mail or fax. Your prompt response will be appreciated.

Applicant Name:	DESHAWA	TAILOR			, M.D.
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Signature	an conficer	110	· · · · · · · · · · · · · · · · · · ·	Date (Month/Day/Year)	
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G/Year: 1-1 Di	EPARTMENT/SPECIALTY:	025147216	SA GYNEC	660 g 4	
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G/YearsD	epartment/speciality:				
Internship Residency Fellowship	From://_		To:		<u> </u>
Research	Successfully completed?	Yes	No	In Progress	
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					(No)
Was this individual d	lisciplined and/or placed under	investigation or on pro	sbation?	Yes	CHO.
lease explain below sheet of paper.	eny "Yes" responses(s) to the	above two questions.	If necessary, you	may continue your explana	tion on a separate
					
	- Wes	Therman b	ased so	Wigen File A	ineco.
Signed: X	16.5		<u>-</u>	(SEAL OF TRAININ	
Name Typed or Printed	NANCY HANNAI	MD		(If no seal, picase	indicate)
Fitle:	<u> </u>			× 7-4-09	
full name of Mosnital c	Transin L	WHER King I	ed Drews	minul Center	
Address: 120.	* Program Manzin L 215 Winnington -	Siva. PTo	· Hagelin,	CA 96059	
Felenhous number:	313.563.9373	Fax u	usober:	310.563.5918	-



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DEPT OF DBGYN



Arizona Medical Board

9545 East Doubletree Ranch Road Scottsdale, Arizona 85258 Phone: 480-551-2700Fax, 480-551-2704 WWW SZITIG GOV

Form 3 Postgraduate Training Certification

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Program Director of each postgraduate training program in the United States, its territories, and/or Canada that I participated in. This is your authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the Arizona Medical Board, 9545 East Doubletree Ranch Road, Scottsdale, Arizona 85258, by mail or fax. Your prompt response will be appreciated.

This program was approved for postgraduate training of the Constant and Surgeons of Canada. Fraduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada. Fraduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada. Fraduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada. Note the correct response to the questions below: ("Yex" responses require written explanation.) Yes Did this individual eyer take a leave of absence or break from their training?	Report internship
Bate (Month/Depy?vas) Bignetive Department	Report internship
Signature (DO NOT DETACE!) Britant - Program Participation: Report incomplete postgraduate years (PGY) separately from those that were succompleted. If the postgraduate year is currently in progress, report the appendix on the "To" field. Report into completed. If the postgraduate year is currently in progress, report the appendix on the "To" field. Report into completed. If the postgraduate year is currently in progress, report the appendix of the postgraduate year is currently in progress. Year: DEPARTMENT/SPECIALTY: DS byn - Family Planking To: 30 0 0 0 Residency From: Yes No In Progress Fellowship Residency From: Yes No In Progress Syear: DEPARTMENT/SPECIALTY: Yes No In Progress Syear: DEPARTMENT/SPECIALTY: To: 10 10 10 10 Syear: DEPARTMENT/SPECIALTY: Yes No In Progress Syear: DEPARTMENT/SPECIALTY: No In Progress Syear: DEPARTMENT/SPE	Report internship
ortant - Program Participation: Report incomplete postgraduate years (PGY) separately from those that work completed. If the postgraduate year is currently in progress, report the expected completion in the "To" field. Report into residencies and followships separately. Year: DEPARTMENT/SPECIALTY: DB/S/N - FAMILY PANILIAE; Internship Residency From: 7 DS D D D D D D D D	Report internship
residencies and fellowships separately. Year: DEPARTMENT/SPECIALTY: DS DS D D D D D D D D	2
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rcte the correct response to the question below: is program was approved for postgraduate training during that period by the Accreditation Council for yes No naduate Medical Education (ACGME), or the Royal College of Physicians and Surgeons of Canada. Yes No ircle the correct response to the questions below: ("Yes" responses require written explanation.) is this individual ever take a leave of absence or break from their training?	No
Was this individual disciplined and/or placed under investigation or on probation? Please explain below any "Yes" responses(s) to the above two questions. If necessary, you may continue your explanation on sheet of paper.	No No Repartment on a sepa



United States Medical Licensing ExaminationTM (USMLETM) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date: 02/23/2009

Recipient:

Arizona Medical Board

ATTN: Lisa S Wynn, Executive Director

9545 E Doubletree Ranch Road Scottsdale, AZ 85258

> Examinee ID#: Date of Birth:

5-066-123-0

Examinee: Alt Name(s): Taylor, DeShawn

Taylor, Deshawn Lakisha Taylor-Harris, Deshawn Lakisha

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1					Two-Digit S			
	Test Date 06/11/1999	Pass/Fail Pass	Three-Digi Total 208	MP 179	Total 84	MP 75	Comments	
USMLE STEP 2								
Clinical Knowledge (Cl	ζ)		Three-Dig	it Score	Two-Digit	Score		
	Test Date 09/07/2000	Pass/Fail Pass	Total 209	MP 174	Total 84	MP 75	Comments	
USMLE STEP 3			TD Di-		Two-Digit	Score		
CALIFORNIA CALIFORNIA	Test Date 11/04/2002 06/10/2002	Pass/Fail Pass Fail	Three-Dig Total 196 181	MP 182 182	Total 80 74	MP 75 75	Comments	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514 Telephone: 480- 551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704

Website: $\underline{www.azmd.gov} \bullet E-Mail: \underline{questions@azmd.gov}$

March 19, 2009

DeShawn Lakisha Taylor M.D. 1701 S. Atlantic Blvd. Unit K Alhambra, CA 91803

Dear Dr. Taylor:

This will acknowledge receipt of your application for MD License in the State of Arizona.

I have reviewed your application and determined that the following items are still outstanding. To complete the processing of your application, the following documentation is still required.

- Medical College Certification from:
- Postgraduate Training Verification from:
 - a. USC MEDICAL CENTER for the period of 07/01/2005 to 06/30/2007
- Exam Scores:
- Hospital Affiliation Verfication from:
 - a. King Drew Medical Center
 - b. LAC USC Womens and Childrens Hospital
- Medical Employment Verfication from:

Please be advised that final action cannot be taken until the required information is in your application file. It is your responsibility to ensure that the Board receives all documentation.

Futher, please be advised that if your application is not fully complete within one year from this date, including participation in written SPEX/USMLE Examination (if applicable), your application is deemed withdrawn.

Should your application be approved, you will be notified of the initial licensing fee due for issuance of your license.

If you have any questions, please contact Linda Scorzo at linda.scorzo@azmd.gov or .

Sincerely,

Suzann Grabe Licensing Office Manager



Arizona Medical Board

9545 E, Doubletree Ranch Road • Scottsdale, AZ 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704

Website: www.azmd.gov • E-Mail: questions@azmd.gov

Q

RECEIVED

APR 3 0 2009

AZ MEDICAL BOARD



DeShawn Lakisha Tavlor, M.D.

Dear Dr. DeShawn Lakisha Taylor,

The Arizona Medical Board is pleased to inform you that your application for lidensure in the State of Arizona is administratively complete and has been approved. Your license will be issued upon receipt of the required statutory license registration fee A.R.S. 32-1436(A)(2) and is renewable on your birthday on

As of January 2001 Arizona converted to biennia licensure based on birth month and odd or even birth year. Your required license registration fee is \$437.50. This fee is your licensing fee and is in addition to the \$500.00 application processing fee that you have already paid.

Please complete the bottom portion of this letter and return the completed form with the initial license registration fee payable to the Arizona Medical Board, 9545 E. Doubletree Ranch Rd., Scuttsdale, AZ 85258. If paying by credit card, the completed form along with the payment card authorization must be returned. NOTE: The residential address and phone number are not available to the public unless they are the only address and number of record. You are not permitted to commence the practice of medicine in the State of Arizona until your license has been issued. Allow up to 5 business days for the processing of your payment and issuance of your license. Please do not call and request status, as this will slow down the process.

Registration forms and initial license fees not returned postmarked within thirty-five days of this notice will result in the application being withdrawn and applicant will be required to reapply.

If you have any questions, please contact me by e-mail at sgrabe@azmd.gov or by telephone at (480) 551-2756.

Sincerely,

Suzann Grabe Licensing Office Manager

(DO NOT DETAC	SH)
Name: DESHAWN TAYLOR,	m.s.
Current Office Address: 1240 N. MISSIDE R.	D. LIBESA, LOSANGELES, CA 90033
Current Home Address: _	<u>.</u>
Current Mailing Address: SAME AS HOME	<u> </u>
Current Office Telephone 323-226-4978	Current Home Telephone
Current Office E-Mail	Current Home E-Mail
Area of Interest: DB/6YAL	Practicing: A Yes □ No
• •	the witten and the street of t

NOTE: Statutes require you to provide the Board with written notification within thirty days (30) of any changes in addresses or phone numbers.

41803 4/80/09

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704 Website: www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD

MD LICENSE #: 41803

JUN 18 2014 AZ MEDICAL BOARD

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

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

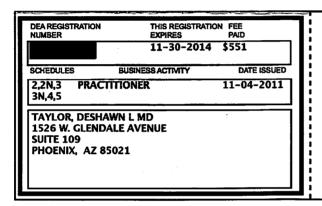
1526 W Glendale Ave. Ste 109

Phoenix, AZ 85021

Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices

Dispensing location information correct Copy of DEA ttached Remove this location Physician's Signature:

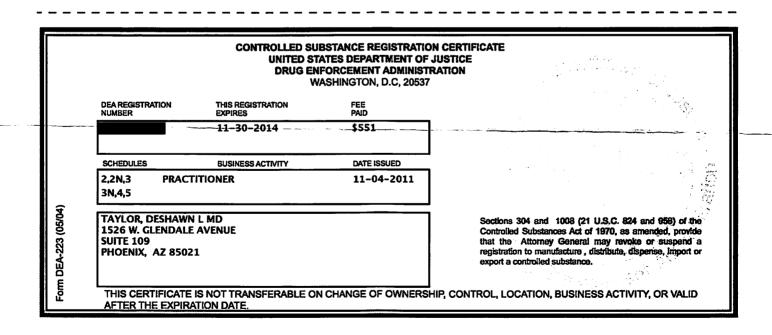




CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.



ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 AUG

10me Pane: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORMAL BOARD ** Please Type or Print **

PHYSICIAN NAME:_[DeSh	nawn Taylor, MD				4
LICENSE #: 41803			SF	ECIALTY: Ob/Gyn		
CHECK ONE:	Init	ial Registration (\$200)		Renewal Registra	ation	(\$150)
f For each location, pla	ace a	check mark next to the descri	iptions	prescription drugs, devices and s of the prescription items whice ensing of controlled substance	h will	be dispensed from that location.
				SE NOTE		
A separate DEA lice	nse m	nust be submitted for EAC be kept curren	H loca t durin	ation where controlled subst ng the registration period	ance	s will be dispensed and must
PRIMARY PRACTICE	LOC	ATION:		DEA # FOR THIS LOCAT		
1526 W. Glendale	Ave	Address nue, Ste 109		Phoenix, AZ 85021	State	Zip Code
480-447-8857 F	hone	Number		Fax Number 480-718-8411		E Mail
Schedule II Drugs	/	Schedule III Drugs	V	Prescription-Only Drugs	V	Nubain
Schedule IV Drugs	V	Schedule V Drugs	V	Prescription Devices	√	
ADDITIONAL PRACT	ICE L	OCATION:		DEA # FOR THIS LOCAT		
	Street	Address		City/s	State	Zip Code
F	hone	Number		Fax Number		E Mail
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		
***** List any add	lition	al locations on the 2 nd pa	ige of	this form and place a che	eck m	nark here:
Physician's Signature	e:	May.	m	<u></u>	te: _	8/8/13

Make checks or money orders payable to ARIZONA MEDICAL BOARD

Initial registration fee: \$200.00 per physician

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



Renewal registration fee: \$150.00 per physician

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	14805512707	
FROM	Desert Star Family Planning, LLC	
DATE	2013-08-08 16:25:56 GMT	
RE	Initial Dispensing Application - D. Taylor 41803	

COVER MESSAGE

Please confirm receipt at Thank you!	Please confirm receipt at		Thank you!
--------------------------------------	---------------------------	--	------------

DeShawn Taylor, MD



Arizona Medical Board

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514 Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2705

Website: www.azmd.gov

August 12, 2013

RE: NOTICE OF DEFICIENCY DISPENSING RENEWAL

Dear Dr. Taylor,

Please be advised that the Arizona Medical Board has received your application for a dispensing registration for fiscal year 2013-2014. Unfortunately, your renewal application is not administratively complete and we cannot issue your registration until the following items have been included and/or appropriately completed:

Need current DEA card for the following location:

1526 W Glendale Ave, Ste 109 Phoenix, AZ 85021

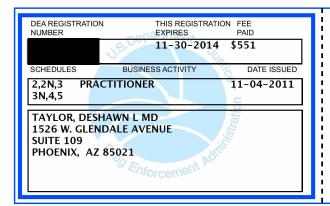
Please remedy one or all of the above stated deficiencies and return all of the required information to the Board at an address listed above.

In accordance to 11 A.A.R 2944, you have 30 days from the date listed above to provide proper documentation. At that time if no documentation is provided and should you desire to pursue dispensing licensure in Arizona; a new licensure application must be filed with the Arizona Medical Board. In addition, all fees are forfeited.

If you have questions, please feel free to contact the Arizona Medical Board Licensing Department with the contact information above.

Sincerely

Arizona Medical Board



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE

JNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C, 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.



ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 Home Page: http://www.azmd.gov

DISPENSING	G PHYSICIAN INITIAL REGI		IAL RENEWAL FORM
	** Please	Type or Print **	NOV
PHYSICIAN NAME:	DESHARUN TAY	OR, M.D.	AZ 13 2012
LICENSE #:	<i>1803</i> s	PECIALTY: DB	16/N MEDICAL BOARD
CHECK ONE:	Initial Registration (\$200)	Renewal Registra	ation (\$150)
f For each location, pla	locations where you will be dispensing ce a check mark next to the description r DEA license if you are requesting disp	ns of the prescription items which	h will be dispensed from that location.
A separate DEA licen	ise must be submitted for EACH loo	ASE NOTE cation where controlled substing the registration period	tances will be dispensed and must
PRIMARY PRACTICE I	LOCATION:	DEA # FOR THIS LOCAT	
	reet Address STREET STE 225	SHOENIX, AZ	State/Zip Code 2 8500 (p
	hone Number - 0440	602-462-55	F Mail
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	X Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	
ADDITIONAL PRACTIC	CE LOCATION:	DEA # FOR THIS LOCAT	
Si	reet Address	Cityls	State/Zip Code
P	hone Number	Fax Number	É Mail
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	
List any addi	tional locations on the 2 nd page of	777	te:

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



TAYLOR, DESHAWN L MD



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	11-30-2014	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011
TAYLOR, DESP FAMILY PLANN 1331 N. 7TH ST STE 225 PHOENIX, AZ	IING ASSOCIATES M FREET	MEDICAL GROUP

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	11-30-2014	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011

TAYLOR, DESHAWN L MD
FAMILY PLANNING ASSOCIATES MEDICAL GROUP
1331 N. 7TH STREET
STE 225
PHOENIX, AZ 85006-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Form DEA-223 (4/07)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY. AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



Recipient Information
To: Arizona Medical Board
Fax #: 4805512707

Sender Information

From: DeShawn Taylor, MD
Email address: (from 70.199.2
Sent on: Monday, November 12 2012 at 6:07 PM EST (from 70.199.201.140)

Date: 11/12/12

To: Arizona Medical Board

From: DeShawn Taylor, MD

RE: Dispensing renewal for DeShawn Taylor, MD, AZ license # 41803

Thank you!

DeShawn Taylor, MD

This fax was sent using the FaxZero.com free fax service. FaxZero.com has a zero tolerance policy for abuse and junk faxes. If this fax is spam or abusive, please e-mail support@faxzero.com or send a fax to 800-980-6858. Specify fax #8064960. We will add your fax number to the block list.

Physician's Signature:



ARIZONA MEDICAL BOARD

9546 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2700 . Fax (480) 551-2704

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

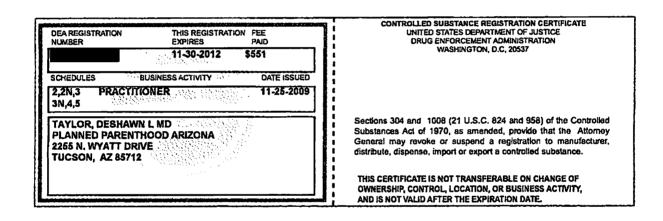
111N 3 0 2011

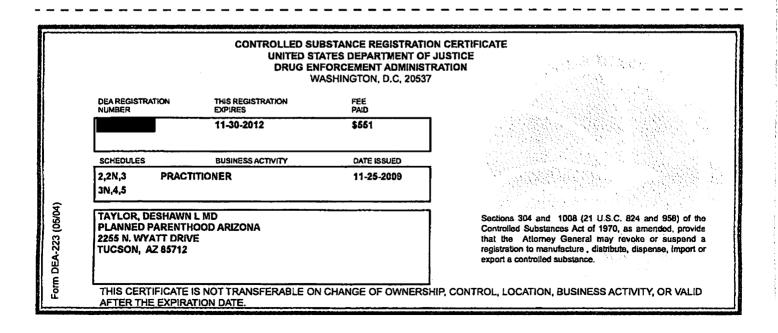
** Please Type or Print **
PHYSICIAN NAME: DeShawn Lakisha Taylor, MD MD LICENSE #: 41803 AZ MEDICAL BOARD SPECIALTY: OB/GYN
Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30) Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct) Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. Blank form attached to add additional locations
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
2255 N Wyatt Dr Tucson, AZ 85712
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs
Dispensing location information correct Copy of DEA attached Remove this location
5771 W Eugie Glendale, AZ 85304
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs
Dispensing location information correct Copy of DEA attached Remove this location
1250 E Apache #108 Tempe, AZ 85281
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices
A Discoursing location information parrent. M. Copy of DEA attached. C. Romovo this location.



06/29/2011 17:16

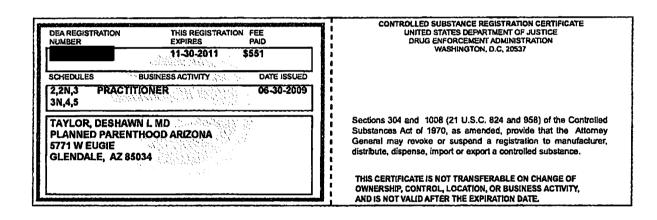
Page 1 of 1 Printable DEA Certificate

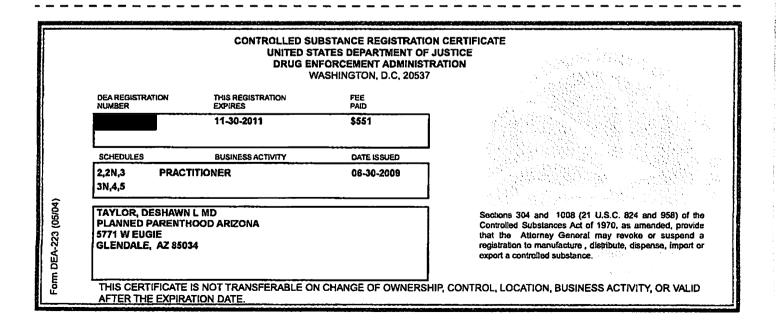




06/29/2011 17:16

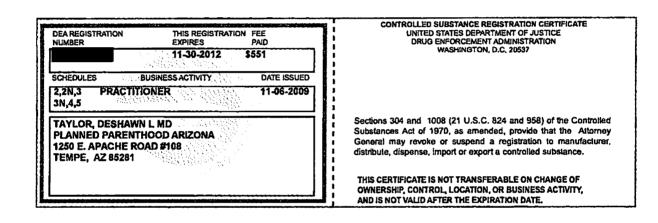
Page 1 of 1 Printable DEA Certificate

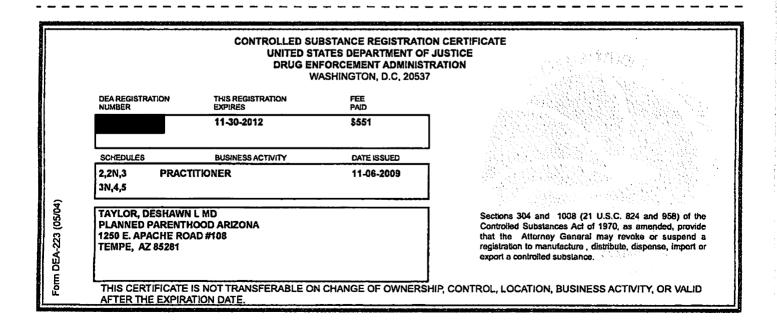




Printable DEA Certificate

Page 1 of 1





Planned Parenthood

FAX TRANSMITTAL

602-604-0159

Fax No.: 480 - 551 - 2704

TO: AZ MED BA

No. of pages: 6 (including cover)

Fax

From:	Phone No
rom:	Phone No

DeShawn Taylor, M.D. 602.263.4236 ☐ Carol Bafaloukos

602.263.2231

☐ Cynthia K. Locke ☐ Jennifer Murdaugh

602.263.2237 602.200.2195

Comments:

PLEASE CONFORM RECEIPT AT NUMBER
ABOVE DE
THANK YOU VERY MUEH

ARIZONA MEDICAL BOARD

9545 E, Doubletree Ranch Road , Scottsdale, Arizona 86269 Telephone: (480) 661-2781 , Fax (480) 661-2704 Home Page http://www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEVAL FORM

AZ MEDICA.

** Thease Type or Print **

MD LICENSE #: 41803	SPECIALTY;	OB/GYN	
Renewal Registration (\$150) (Renew	rai & fee must come together po	stmark od or faxed by 6/30)	
Confirm ALL locations below where you will be (For each location, place a check mark to ver locked a copy of your DEA license if you are	fily address and achedule of drugs d	ispensed from each location are correct)	
Blank form attached to add additional location			
	prince de seus principa de la companya de la compan	CONTROL SELECTION OF THE SELECTION OF TH	
1250 E Apache #108 Tempe, AZ 85281			
Schedule II Drugs Schedule III Drugs Schedule IV Drugs			
Schedule V Drugs Prescription Only Drugs Prescription Devices			
Dispensing location information corre	ect / Copy of DEA attach	ed Remove this location	
4417 N 7th Ave Phoenix, AZ 85013			
Schedule II Drugs Schedule III Drugs Schedule IV Drugs			
Schedule V Drugs Prescription Only Drugs Prescription Devices			
☐ Dispensing location information come	ect Copy of DEA attach	ed Remove this location	
al f	Jahlmo		9

Schodule III Drugs

Schedule V Drugs

Schedule II Drugs

Schedule IV Drugs

	PHYSICIAN NAME: Do MD LICENSE # 4180		n Lakisha Taylor, MD					
	ADDITIONAL PRACTICE I	OCA	TION:		DEA # FOR THIS LOCA	TION:		
/	5771 E	Street 10	Address /E		ELENDALE,	City/State/	Zip Code 85354	
			Number		Fax Number			
	Schedule II Drugs	/	Schodulo III Drugs	\	Prescription-Only Drogs		Nubain	
	Schedule IV Brugs	7	Schedule V Druge	\	Prescription Devices:			
	ADDITIONAL PRACTICE	LOCA	TION:		DEA # FOR THIS LOCA	TION:		
/	2255 N.	Street	Address VATT DRIVE		TUCSON, A	City/State	Zip Code	
			Number		Fax Number			
	Schedule II Drugs	1	Schodulo III Drugs	~	Prescription-Only Drugs		Nubain	
	Schedule IV Drugs	V	Schedule V Drugs	V	Prescription Devices			
	ADDITIONAL PRACTICE	LOCA	TION:		DEA # FOR THIS LOCA	TION:		
		Street	Address			City/State	/Zip Code	
		Phone	Number		Fax Number		E Mail	
	Schedule II Druge		Schedule III Drugs		Prescription-Only Drugs		Nubaln	
	Schedule IV Drugs		Schedule V Drugs		Prescription Devices			
	ADDITIONAL PRACTICE	LOCA	ATION:		DEA # FOR THIS LOCA	ATION:	±	
		Street	Address			City/State	ZIP Code	
		Phon	a Number		Fax Number		E Mest	
	Schedule II Druge		Schedule Bi Drugs		Prescription-Only I rugs		Nubaln	
	Schodule IV Drugs		Schedule V Drugs		Prescription Devices			
	ADDITIONAL PRACTICE	LOCA	ATION:		DEA # FOR THIS LOCA	ATION:		
		Stree	Address			City/State	√Zip Code	
		Phon	e Number		Fax Number		E Mali	
	1							_

Prescription-Only Crugs

Prescription Devices

Nubain

DEARFGISTRATION NUMBER	TMJŠ REGJŠTRATION EXPIRES	FEE PAID
	11-30-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	IŠŠUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-06-2009
TAYLOR, DES PLANNED PA	RENTHOOD ARIZO HE ROAD #108	DNA

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGIS I MALION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRL G ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

Sections \$1/4 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attempt General may revoke or suspend a registration to menufacture, distribute, dispanse, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

REPORT
CHANGES
PROMPTLY

17

1.3

RECUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

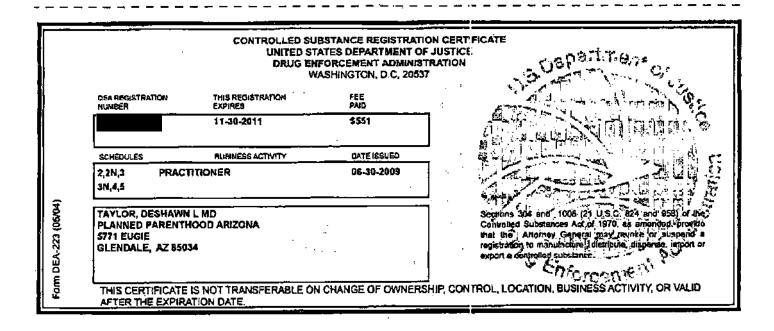
- 1. vielt our web site at deadiversion, usdoj.gov or 2. call our customer Service Center at 1-(600) 682-9539 or
- 3. submit your (hange(s) in writing to: Drug Entorcement Administration P.O. Box 28083 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete in tructions.

You have been registered to handle the following chemical/drug codes:

Printable DEA Certificate

DEA REGISTRATION THIS REGISTRATION FEE NUMBER SIEENPIRES PAID	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG FNFORCEMENT AUMINISTRATION
25 25 Lin 30.2011/ \$551	Washington, D.C., 20537
SCHEDULES N. THUSINGSS ACTIVITY TO B. DATE ISSUED	. I i
22N,3 PRACTITIONER 08-30-2009	. ·
TAYLOR, DESHAWN EMD	Sections 301 and 1908 (21 U S C 824 and 958) of the Controlled Substances Act of 1970, as arounded provide that the Attorney
PLANNED PARENTHOOD ARIZONA	General may revoke or suspond a registration to manufacturer.
GLENDALE, AZ 85034	distribute, dispense, import or export a controlled substance,
Fig. 19- March 19	THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF
	OWNERSHI?, CONTROL, LOCATION, OR BUSINESS ACTIVITY,
	AND IS NOT VALID AFTER THE EXPIRATION DATE.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
* > **	11-30-2012	FEE PAID
SCHEUULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N.4.5.	PRACTITIONER	11-25-2009
TAYLOR, DES PLANNED PAI 2255 N. WYAT TUCSON, AZ	RENTHOOD ARIZO T DRIVE	NA .

CONTROL .ED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITE) STATES DEPARTMENT OF JUSTICE DRUIS ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

Sections 30+ and 1008 (21 USC 324 and 958) of the Controlled (substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or expert a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

7 Farm DEA-223/511 (4/07)

REQ JESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

 visit our web site at dead/version.asdoj.gov - or
 call our custorier Service Center at 1-(800) 882-8639 - or
 submit your change(s) in writing to
 Orag Enforcement Administration
 P.O. Box 28083 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301 51

You have been registered to handle the following chemical/drug codes:

T-157 P001/002 F-356

ARIZONA MÉDICAL BOARD

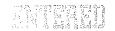
9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704
Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM ** Please Type or Print ** SPECIALTY: LICENSE #: Initial Registration (\$200) Renewal Registration (\$150) Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. 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 11 | مودحا PRIMARY PRACTICE LOCATION: City/State/Zip Code Phone Number Nubain **Prescription-Only Drugs** Schedule III Drugs Schedule II Drugs **Prescription Devices** Schedule V Drugs Schedule IV Drugs DEA # FOR THIS LOCATION: ADDITIONAL PRACTICE LOCATION: Street Address 0/125 Fax Number Phone Number Nubain Prescription-Only Drugs Schedule III Drugs Schedule II Drugs **Prescription Devices** Schedule V Drugs Schedule IV Drugs ***** List any additional locations on the reverse side of this form and place a check mark here: Date: Physician's Signature: Renewal registration fee: \$150.00 per physician Initial registration fee: \$200.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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



Please mail or fax this form to:

Signature

Arizona Medical Board Arizona Regulatory Board of Physician Assistants Attention: Licensing Office 9545 E. Doubletree Ranch Road Scottsdale, AZ 85258 Fax: 480-551-2704



You must notify the board in writing within 30 days of any change of office or home address and phone number

ADDRESS CHANGE FORM

 Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you Please print this from and provide all information on your address change as requested below. Please type or print legibly. Fax or mail the completed form to the Board In accordance with A.R.S. §32-3801, notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board established pursuant to this title are not available to the public unless they are the only address and numbers of record. 	
Please record the following address changes:	EFFECTIVE DATE: 9/1/09
(Company Name)	OF ALIZONA (If you do not have a practice address or name write the word "NONE")
Street Address Only: 565/	N. 71H STRET
City: PHOENIX	state: <u>AZ</u> zip: <u>852/4-252</u> 0 3 - <u>4235</u> Office Fax: <u>(002-263-428</u> /
Office Telephone 1002 - 40 -	3 - 4235 Office Fax: 1002 - 263 - 4281
Office E-Mail:	
RESIDENCE ADDRESS:	
City:	State: Zip:
Telephone: _	Cell Phone:
Residence E-Mail:	
MAIL SHOULD BE SENT TO MY: PI	ractice Residence The Address Below
MAILING ADDRESS:	bove)
Street or P.O. Box:	
City:	State: Zíp:
**If no practice address, do you want your home address listed on the website? Yes No	
Name (Please print)	4/803_ AZ License #
O Dufus	9/1/09
Signature	Today's Date