

# 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>

OK 52305  
\$200  
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JAN 22 2015  
ARIZONA MEDICAL BOARD

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME:

Joel Bettigole, MD

LICENSE #:

13015

SPECIALTY:

gyn

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 1615 East Osborn Road		City/State/Zip Code Phoenix AZ 85016	
Phone Number 602 462 5559		Fax Number 602 667-6608	E Mail [REDACTED]
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
		Prescription-Only Drugs	<input checked="" type="checkbox"/>
		Prescription Devices	

#### 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"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>
		Prescription-Only Drugs	<input type="checkbox"/>
		Prescription Devices	

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

☐

Physician's Signature:

*Joel Bettigole*

Joel Bettigole, MD

Date:

1-20-2015

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

ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2016	\$721.75
SCHEDULES		DATE ISSUED
2,2N,3 3N,4,5		06-01-2013
BETTIGOLE, JAMES L MD 4141 N 32ND ST #303 PHOENIX, AZ 85018-0000		

# ARIZONA MEDICAL BOARD

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MAY 14 2015

ARIZONA  
MEDICAL BOARD

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Joel Benjamin Bettigole, MD

MD LICENSE #: 13015

SPECIALTY: Gynecology

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

1615 East Osborn Road  
Phoenix, AZ 85016

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

☒ Dispensing location information correct

☒ Copy of DEA attached

☐ Remove this location

Physician's Signature: Joel Bettigole

Date: 5-12-15

ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-01-2013
BETTIGOLE, JOEL B MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-0000		

*Current address*

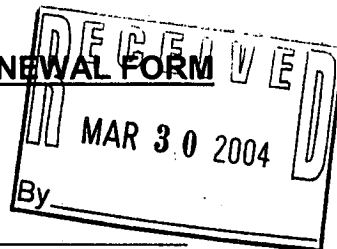
# ARIZONA MEDICAL BOARD

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

7355

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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



PHYSICIAN NAME: Joel Benjamin Bettigole, MD

LICENSE #: 13015

SPECIALTY: GYN

CHECK ONE: ☐ Initial Registration (\$200)

☒ Renewal Registration (\$100)

- 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

#### PRIMARY PRACTICE LOCATION:

#### DEA # FOR THIS LOCATION:

Street Address <u>1331 N. 7th St #275</u>		City/State/Zip Code <u>Phoenix, AZ 85006</u>	
Phone Number <u>602 553-0440</u>		Fax Number <u>602 462-5588</u>	E Mail <u>NA</u>
Schedule II Drugs <input checked="" type="checkbox"/>	Schedule III Drugs <input checked="" type="checkbox"/>	Prescription-Only Drugs <input checked="" type="checkbox"/>	Nubain <input checked="" type="checkbox"/>
Schedule IV Drugs <input checked="" type="checkbox"/>	Schedule V Drugs <input checked="" type="checkbox"/>	Prescription Devices <input checked="" type="checkbox"/>	

#### ADDITIONAL PRACTICE LOCATION:

#### DEA # FOR THIS LOCATION:

Street Address <u>2525 S. Rural Rd Ste 65</u>		City/State/Zip Code <u>Tempe, AZ 85280</u>	
Phone Number <u>602 553-0440</u>		Fax Number <u>602 462-5588</u>	E Mail <u>NA</u>
Schedule II Drugs <input checked="" type="checkbox"/>	Schedule III Drugs <input checked="" type="checkbox"/>	Prescription-Only Drugs <input checked="" type="checkbox"/>	Nubain <input checked="" type="checkbox"/>
Schedule IV Drugs <input checked="" type="checkbox"/>	Schedule V Drugs <input checked="" type="checkbox"/>	Prescription Devices <input checked="" type="checkbox"/>	

\*\*\*\*\* List any additional locations on the reverse side of this form and place a check mark here: ☐

Physician's Signature: [Signature]

Date: 8/29/04

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

# ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Phone: (602) 255-3751

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN'S NAME: Bettigole Joel B  
(Last Name) (First Name) (MI)

LICENSE NUMBER: 13015 SPECIALTY: FYN

CHECK ONE: Initial Application: \_\_\_\_\_ Renewal Application: ✓

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

### PRIMARY PRACTICE LOCATION:

Street Address: <u>3143 N 32nd St</u>				City/State/Zip Code: <u>Phoenix AZ 85018</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

### ADDITIONAL PRACTICE LOCATIONS:

Street Address: <u>2525 S. Rural Rd</u>				City/State/Zip Code: <u>Tempe AZ 85280</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

Street Address: <u>1275 S. 5th Ave</u>				City/State/Zip Code: <u>Tucson AZ 8576</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

\*\*\*\*\* List any additional locations on the reverse side of this form and place a check mark here: ☐

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to ATTENTION: Dispensing Physician Registration at the address listed on the top of this application form.

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

☒ Form Completed ☒ DEA Certificate(s) Enclosed ☒ Fee of \$ 100 enclosed

Physician's Signature: [Signature] Date: 5/5/97

**ADDITIONAL PRACTICE LOCATIONS:**

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

*For Business Office Staff Use Only*

Check No.: 4374 Date Received: 5/7/97 Batch No.: 079568 By: [Signature]



# ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Telephone: (602) 255-3751

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN'S NAME: Bethigale (Last Name) B M.I. Joel First Name

LICENSE NUMBER: 13015 SPECIALTY: GEN

CHECK ONE: Initial Application: ☒ Renewal Application: ☐

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

### PRIMARY PRACTICE LOCATION:

Street Address: <u>3143 N 32nd ST</u>				City/State/Zip Code: <u>Phoenix, AZ 85018</u>			
Schedule II	<input type="checkbox"/>	Schedule III	<input checked="" type="checkbox"/>	Schedule IV	<input checked="" type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

### ADDITIONAL PRACTICE LOCATIONS:

Street Address: <u>2525 S. Rural Rd 4C</u>				City/State/Zip Code: <u>Tampa, AZ 85280</u>			
Schedule II	<input checked="" type="checkbox"/>	Schedule III	<input checked="" type="checkbox"/>	Schedule IV	<input checked="" type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

Street Address:				City/State/Zip Code:			
Schedule II	<input type="checkbox"/>	Schedule III	<input type="checkbox"/>	Schedule IV	<input type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

\*\*\*\*\* List any additional locations on the reverse side of this form and place a check mark here: ☐

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to ATTENTION: Dispensing Physician Registration at the address listed on the top of this application form.

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

☒ Form Completed ☒ DEA Certificate(s) Enclosed ☒ Fee of \$ \_\_\_\_\_ enclosed

Physician's Signature: [Signature]

Date: 4/4/96



**ADDITIONAL PRACTICE LOCATIONS:**

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

*For Business Office Staff Use Only*

Check No.: 3783      Date Received: 4/8/96      Batch No.: A072001      By: dep