DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWA

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

	**	Please T	ype or Print **	JAN 20 00
PHYSICIAN NAME:	Cloel Bettie	30/0	(MD	JAN 22 2015
LICENSE #:	13015	SF	PECIALTY: GYN	MEDICAL BOARD
CHECK ONE:	Initial Registration (\$200)		Renewal Registra	ation (\$150)
f For each location, pla	L locations where you will be dispace a check mark next to the desur DEA license if you are request	scriptions	s of the prescription items which	h will be dispensed from that location.
		PLEAS	SE NOTE	
A separate DEA lice			ation where controlled subst ig the registration period	ances will be dispensed and must
PRIMARY PRACTICE			DEA # FOR THIS LOCAT	ION:
111-018	Street Address			State/Zip Code 85016
602 462	OSGOTA (CAA) Phone Number - 559		602 667 6608	E Mail
Schedule II Drugs	Schedule III Drugs	~	Prescription-Only Drugs	iv Nubani
Schedule IV Drugs	Schedule V Drugs	·	Prescription Devices	
ADDITIONAL PRACTI	ICE LOCATION:		DEA # FOR THIS LOCAT	ION:
	Street Address			State/Zip Code
F	Phone 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	litional locations on the 2 nd	page of	this form and place a che	eck mark here:
Physician's Signature		oel B	Bettigole, MD	te:1-20:2015

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



NUMBER	PATION THIS REGISTRATIO EXPINES	N FEE PAID
	47-31-2016	\$781/A
SCHEDULES	a section of	- BATE ISSUED
2,2N,3 3N,4,5		06-01-2013
BETTIQUE 4141 N 33 PHOENIX;		

ARIZONA MEDICAL BOARD

CH 52503

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

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

MAY 1 4 2015

ARIZONA MEDICAL BOARD

PHYSICIAN NAME: Joel Benjamin Bettigole, MD

MD LICENSE #: 13015

SPECIALTY

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:

Date:

ENTERED

5-12-15

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	07-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-01-2013
BETTIGOLE, JOE 1615 EAST OSBO PHOENIX, AZ 850	RN ROAD	

Current colles

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704

Home Page: http://www.azmdboard.org

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL REN ** Please Type or Print ** PHYSICIAN NAME: Joel Benjamin Bettigole, MD **LICENSE #: 13015** 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.

A separate DEA lice		st be submitted for EAC	d locati	SE (NOTE) on where controlled substa the registration period	y essan	Mil be dispensed a	er i Service de la companya de la c
PRIMARY PRACTIC	E LOC	ATION:		DEA#FOR THIS LOCATION	ON:		
1331 N.7	Street ナム	Address		Phoenix Sity	State/	Zip Code	
602 55	_	Number 440		Fax Number	موم	NA E Mail	
Schedule II Drugs	V	Schedule III Drugs	V	Prescription-Only Drugs	1	Nubain	V
Schedule IV Drugs	·	Schedule V Drugs	ند	Prescription Devices			
1							

ADDITIONAL PRACT	TICE LOCATION:	DEA # FOR THIS LOCATION:
2525 5.R	Street Address UNU Ref 5te 65	City/State/Zip Code Tempe, AZ 85-280
602 553-	Phone 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 additional locations on the reverse side of this form and place a check mark here:

Physician's Signature:

Initial registration fee: \$200.00 perphysician Renewal registration feer \$100,00 per physidan

Make checks or money orders payable to ARIZONA MIDICAL BOARD

For your convenience, we recept periments by Vier or MesterCard

li you wish to pay by payment eard, please complete the attached PAYMENT CARD AUTHORIZATION FORM

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

PHYSICIAN'S NAME:	6	ettique (T	eel B	٠.		•
**		(Last Nam	ie)	(Fin	rst Na	me)	(MI)
LICENSE NUMBER:		13015	_	SPECIALTY:	٠	FYN	
CHECK ONE:		Initial Application:		Renewal Application	n:	V	
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		-	-	ng controlled substances and sof the prescription item	-	•	
						•	
PRIMARY PRACTICE	LOC	ATION:	*. '				
		Address:		City	/State/	Zip Code:	
3143 N 3 Jre	151		·	Phonix 12	5	5015	
Schedule II Drugs		Schedule III Drugs	X	Prescription-Only Drugs	X	Nubain	<u> </u>
Schedule IV Drugs	X_	Schedule V Drugs	X	Prescription Devices		Stadol	
	24		,	· · · · · · · · · · · · · · · · · · ·			
ADDITIONAL PRACT	ICE I	LOCATIONS:					
2505 5.1		Address:		Tempe & Z		Zip Code: ごりる	
Schedule II Drugs		Schedule III Drugs	R	Prescription-Only Drugs	人	Nubain	<u> </u>
Schedule IV Drugs	X	Schedule V Drugs	V	Prescription Devices		Stadol	
	er et e		• :			7	
1275.5Th		Address:		Torson AZ	//State/	Zip Code: そ <i>子 アヒ</i>	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	X	Nubain	K
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	
***** List any addition	al loca	ntions on the reverse side	of thi	is form and place a check m	ark h	ere:	
Registration for each of	lispen form	sing location where cont and certificate(s) to <u>ATT</u>	rolled	current Drug Enforcement substances will be maintal ION: Dispensing Physician	ined a	and/or dispensed.	Return you
Initial registration	n fee	\$200.00 per physicia	<u>n</u>	Renewal registratio	n fee	: \$100.00 per ph	ysician
K Form Completed	 سبر	DEA Cert	tificat	e(s) Enclosed	Fee o	f\$ <u>/æ</u> en	closed
Physician's Signature	e: (Alle		<u> </u>	Date	e: <u>5/5</u> /	<u></u>

BM953280007 (05/97)

ADDITIONAL PRACTICE LOCATIONS:

St	reet Address:	City/State	City/State/Zip Code:		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
St	reet Address:	City/State	/Zip Code:		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
St	reet Address:	City/State	:/Zip Code:		
			<u> </u>		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
St	reet Address:	City/State	:/Zip Code:		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
	,				
St	reet Address:	City/State	/Zip Code:		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
St	reet Address:	City/State	/Zip Code:		
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	Stadol		
· · · · · · · · · · · · · · · · · · ·					
Check No.: 4374	For Busine	ess Office Staff Use Only Batch No.: 0795	68 By: LL		

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:	B	ettique.		B		Joe/	
		(Last Nam	e)	M.I.	_	First Name	
LICENSE NUMBER:	•	13015		SPECIALTY:		67N	
CHECK ONE:	. 1	Initial Application:	_	Renewal Application	n:		
· · · · · · · · · · · · · · · · · · ·			-	g controlled substances and s of the prescription items	-	•	
		• 1 1		•	÷		
PRIMARY PRACTICE				The second secon		Zip Code:	· ·
3143 N'32		Address:		Phoen, 2, AZ	State/	50/8	
Schedule II		Schedule III	V	Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs	V	Prescription Devices	
ADDITIONAL PRACT	ICE I	OCATIONS:					·
7525 5.R		Address: Rd 4C		1		Zip Code: おうしゃつ	
Schedule II	 	Schedule III	6	Schedule IV	V	Schedule V	
Nubain /	/	Stadol		Prescription-Only Drugs		Prescription Devices	
						4 156-	
	Street	Address:	4	City	/State/	Zip Code:	\neg
Schedule II		Schedule III		Schedule IV		Schedule V	\neg
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	\neg
	· · · · · · ·		-				
***** List any additiona	al loca	ations on the reverse side	of this	s form and place a check m	ark h	ere:	
Registration for each d	ispen: orm	sing location where cont and certificate(s) to <u>AT</u> I	rolled	current Drug Enforcement substances will be maintain ON: Dispensing Physician	ined a	and/or dispensed. Return	your
Initial registration	n fee:	\$200.00 per physicia	n	Renewal registratio	n fee	: \$100.00 per physician	
Form Completed		DEA Cer	tificate	e(s) Enclosed	Fee of	f \$enclosed	
Physician's Signature	: _	Sterry	ع		Date	e: 4/4/96	

BM953280007 (01/96)

ADDITIONAL PRACTICE LOCATIONS:

Stadol Stadol Schedule III Stadol Chedule III Stadol	Schedule IV Prescription-Only Drugs	Schedule V Prescription Devices Schedule V Prescription Devices Ate/Zip Code: Schedule V Prescription Devices		
chedule III Stadol chedule III	Schedule IV Prescription-Only Drugs City/Sta	Schedule V Prescription Devices te/Zip Code: Schedule V		
Stadol	Schedule IV Prescription-Only Drugs City/Sta	Schedule V Prescription Devices te/Zip Code: Schedule V		
Stadol	Prescription-Only Drugs City/Sta	Prescription Devices te/Zip Code: Schedule V		
chedule III	City/Sta	ste/Zip Code: Schedule V		
	Schedule IV	Schedule V		
	Schedule IV	Schedule V		
Stadol	Prescription-Only Drugs	Prescription Devices		
	City/Sta	te/Zip Code:		
chedule III	Schedule IV	Schedule V		
Stadol	Prescription-Only Drugs	Prescription Devices		
Street Address:		City/State/Zip Code:		
Schedule III Schedule III		Schedule V		
Stadol	Prescription-Only Drugs	Prescription Devices		
	City/State/Zip Code:			
chedule III	Schedule IV	Schedule V		
		Prescription Devices		
		The state of the s		
	Stadol Chedule III Stadol Chedule III Stadol For Busine	Stadol Prescription-Only Drugs City/Sta Chedule III Schedule IV Stadol Prescription-Only Drugs City/Sta Chedule III Schedule IV		

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