

CC \$150

# ARIZONA MEDICAL BOARD

9546 E. Doubletree Ranch Road . Scottsdale, Arizona 86268 Telephone: (480) 551-2700 . Fax (480) 551-2704  
Website: www.azmd.gov

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## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

MAY 08 2015

ARIZONA  
MEDICAL BOARD

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: FP

### 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.

4141 N 32nd St. #105  
Phoenix, AZ 85018

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

Dispensing location information correct      Copy of DEA attached      Remove this location


~~4141 N 32ND ST #105  
PHOENIX, AZ 85018~~

- ~~Schedule II Drugs~~
- ~~Schedule III Drugs~~
- ~~Schedule IV Drugs~~
- ~~Schedule V Drugs~~
- ~~Nubain~~
- ~~Prescription Only Drugs~~
- ~~Prescription Devices~~

duplicate  ENTERED

~~Dispensing location information correct     Copy of DEA attached     Remove this location~~

Physician's Signature: \_\_\_\_\_



Date: 5-7-15

10/4/13

Printable DEA Certificate

<b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b> UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	10-01-2013
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		
Sections 304 and 1008 (21 U.S.C. 824 and 858) 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.		
<b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.</b>		

<b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b> UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	10-01-2013
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		
Sections 304 and 1008 (21 U.S.C. 824 and 858) 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.		
<b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.</b>		

Form DEA-223 (05/04)

CC \$150

### ARIZONA MEDICAL BOARD

8645 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704  
Website: www.azmd.gov

RECEIVED

MAY 09 2014

### DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

AZ MEDICAL BOARD

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: Family Medicine

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.

4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature:

Date:

5/9/14

ENTERED

GOODRICK, GABRIELLE JULIE MD  
4141 N 32ND ST  
SUITE 105  
PHOENIX, AZ 85018-4775-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-01-2013
GOODRICK, GABRIELLE JULIE MD 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018-4775		

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

Sections 304 and 1008 (21 USC 824 and 856) 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
[REDACTED]	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-01-2013
GOODRICK, GABRIELLE JULIE MD 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018-4775		

Sections 304 and 1008 (21 USC 824 and 856) 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.

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Form DEA-223 (4/07)

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ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 651-2700 . Fax (480) 551-2704 Website: www.azmd.gov

MAY 13 2013

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM AZ MEDICAL BOARD

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

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: Family Medicine #150

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.

4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct  Copy of DEA attached  Remove this location

Physician's Signature:

*[Handwritten Signature]*

Date:

5/10/13

ENTERED

5/10/13

Printable DEA Certificate

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		

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 manufacture, distribute, dispense, import or export a controlled substance.

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		

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 manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (05/04)

CR 5844

# ARIZONA MEDICAL BOARD

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

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MAY 09 2012

AZ MEDICAL BOARD

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: Family Medicine



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

4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature:

Date: 5-5-12

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		

**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.

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		

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 manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (05/04)



# ARIZONA MEDICAL BOARD

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

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MAY 12 2011

AZ MEDICAL BOARD

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #:

SPECIALTY:

Family Medicine

5073

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

4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct  Copy of DEA attached  Remove this location

Physician's Signature:

*Gabrielle Goodrick*

Date:

5-9-11

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		

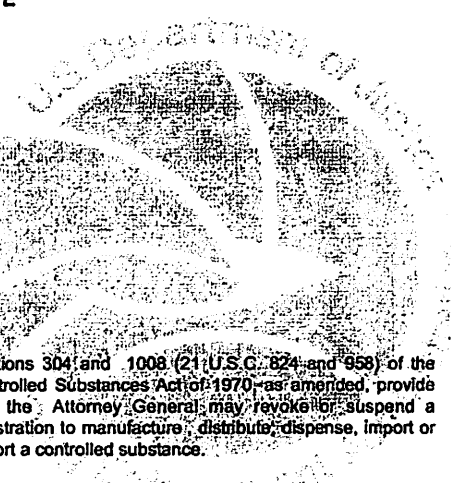
**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON, D.C. 20537

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2013	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-10-2010
<b>GOODRICK, GABRIELLE JULIE MD</b> 4141 N 32ND ST SUITE 105 PHOENIX, AZ 85018 4775		



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 manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (05/04)

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2700  
Home Page: http://www.azmd.gov

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MAY 24 2010

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

AZ MEDICAL BOARD

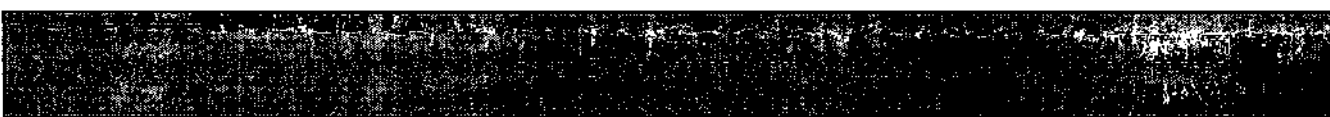
PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: Family Medicine

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

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- 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



4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature:     Date: 5-10-10

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2010	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-03-2007
<b>GOODRICK, GABRIELLE JULIE MD</b> <b>4141 N 32ND ST</b> <b>SUITE 105</b> <b>PHOENIX, AZ 85018 4775</b>		

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

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<b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b> <b>UNITED STATES DEPARTMENT OF JUSTICE</b> <b>DRUG ENFORCEMENT ADMINISTRATION</b> <b>WASHINGTON, D.C. 20537</b>		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	09-30-2010	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	08-03-2007
<b>GOODRICK, GABRIELLE JULIE MD</b> <b>4141 N 32ND ST</b> <b>SUITE 105</b> <b>PHOENIX, AZ 85018 4775</b>		
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Form DEA-223 (05/04)

ARIZONA MEDICAL BOARD

9646 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 661-2761 . Fax (480) 551-2761  
Home Page: <http://www.azmd.gov>

RECEIVED

MAY 27 2009

AZ MEDICAL BOARD

**DISPENSING PHYSICIAN ANNUAL RENEWAL FORM**

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

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY: Family Medicine

**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



4141 N 32ND ST #105  
PHOENIX, AZ 85018

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature

*Gabrielle Goodrick*

Date: 5-28-09

# ARIZONA MEDICAL 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 ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Gabrielle Goodrick, MD

LICENSE #: 22811

Renewal Registration FEE (\$150) If received by June 30, 2008

### 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

Place a check mark next to description below of all items which will be dispensed from all locations. (Certificate will be issued only for items that are checked)

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"/>		

Your certificate will be issued for Prescription-Only Drugs and Devices if a DEA registration is not submitted for each location.

### PRIMARY PRACTICE LOCATION:

4141 N 32ND St #105 Phoenix AZ 85018 602279-2337  
Street Address City, State, Zip Code Phone #  
[REDACTED] 8/2/07 9/30/10  
DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

### ADDITIONAL PRACTICE LOCATION:

NA

Street Address City, State, Zip Code Phone #  
DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

Physician's Signature: [Signature]

Date: 9-9-08

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

# ARIZONA MEDICAL BOARD

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

RECEIVED BY

MAY 16 2006

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Gabrielle J. Goodrick, MD

LICENSE #: 22811

SPECIALTY: Family Medicine

ARIZONA MEDICAL BOARD  
BUSINESS OPERATIONS

CHECK ONE:  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

#### PRIMARY PRACTICE LOCATION:

#### DEA # FOR THIS LOCATION:

Street Address <u>4141 N 32ND ST #105</u>		City/State/Zip Code <u>Phoenix AZ 85018-4775</u>	
Phone Number <u>602 279 2337</u>		Fax Number <u>602 230 9025</u>	
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		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

#### ADDITIONAL PRACTICE LOCATION:

#### DEA # FOR THIS LOCATION:

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

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

Physician's Signature

Date:

5-15-06

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 or MasterCard

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

ENTER

# 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: Goodrick Gabrielle J  
(Last Name) (First Name) (MI)

LICENSE NUMBER: 22811 SPECIALTY: FP

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:				City/State/Zip Code:			
7500 N. Dreamy Draw Dr. #133				Phx, AZ 85020			
Schedule II	Schedule III	Schedule IV	Schedule V				
Nubain	Stadol	Prescription-Only Drugs	Prescription Devices				

**ADDITIONAL PRACTICE LOCATIONS:**

Street Address:				City/State/Zip Code:			
5651 N. 7th St.				Phx, AZ 85014			
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				

\*\*\*\*\* 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 \$ 200. enclosed

Physician's Signature: Gabrielle Goodrick      Date: 12-3-96  
RECEIVED D.M.M.E.A.



**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:			
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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.: 90697 Date Received: 12/30/96 Batch No.: 076901 By: [Signature]