CC \$150

9846 E. Doubletree Ranch Road . Scottsdale, Arizona 86258 Telephone: (480) 551-2700 . Fax (480) 551-2704 Website: www.azmd.gov

RECEIVED

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

MAY 08 2015

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

SPECIALTY:

ARIZONA 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

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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

Nubaln

Prescription Only Drugs

Prescription Devices

Dispensing location information correct

Copy of DEA attached

Remove this location

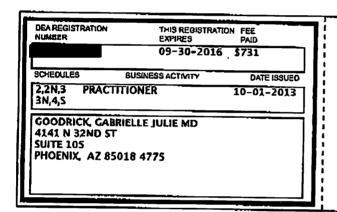
Physician's Signature:

Date

5-1-15

10/4/13

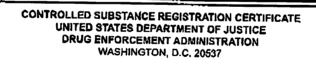
Printable DEA Certificate



CONTROLLED BUBSTANCE 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.



DEA REGISTRATION THIS REGISTRATION FEE PAID

O9-30-2016 \$731

SCHEDULES BUSINESS ACTIVITY DATE ISSUED

2,2N,3 PRACTITIONER 10-01-2013

3N,4,5

GOODRICK, CABRIELLE JULIE MD
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)

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

MAY 0 9 2014

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

AZ MEDICAL BOARD

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #:

22811

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

Be and A separate DEA license must be submitted for EACHID cation where controlled substances will be dispensed and

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

Physician's Signatur

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEOULES	BUSINESS ACTIVITY	198UE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-01-2013
GOODRICK, GA 4141 N 32ND S SUITE 105 PHOENIX, AZ	•	

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

Sections 304 and 1008 (21 USC 624 and 858) of the Controlled Substances Act of 1870, as amended, provide that the Anorney 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
	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

Form DEA-223 (4/07)

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 expert a controlled substance.

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9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 651-2700 . Fax (480) 551-2704 MAY 1 3 2013 Website; www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM AZ MEDICAL BOARD

** Please Type or Print **

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

6022309025

MD LICENSE #:

22811

edicène #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)
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- Blank form attached to add additional locations

March 181	227	Charles of	2	19101	112
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\$5000				A 1 8 1	i.

A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and musche kepr current danso 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

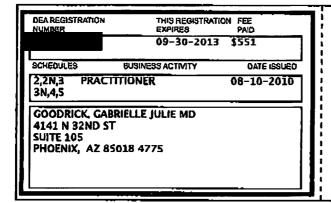
Copy of DEA attached

☐ Remove this location

Physician's Signature:

(†) ENTERED

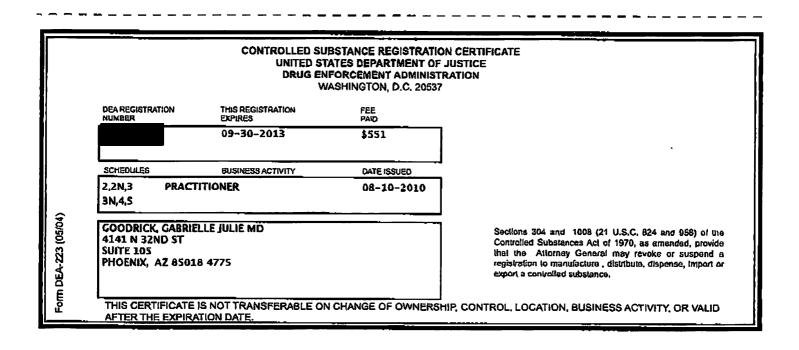
5/10/13



CONTROLLED BUBSTANCS 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 Altorney General may revoke or suspend a ragistration to manufacturer, distribute, dispense, import or export a controlled substance.

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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 **

AZ MEDICAL BOARD

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

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

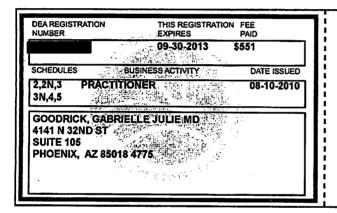
4141 N 32ND ST #105 PHOENIX, AZ 85018

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

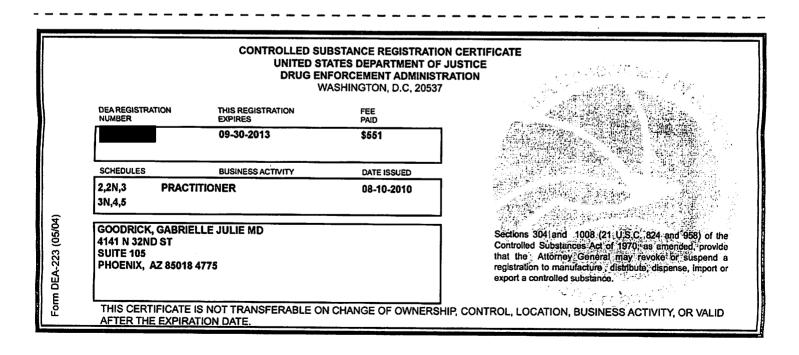
Physician's Signature:



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

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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: Gabrielle Julie Goodrick, MD

MD LICENSE #:

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)
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- Blank form attached to add additional locations

PLEASE NOTE

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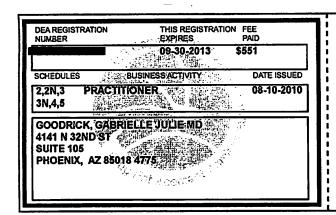
4141 N 32ND ST #105 PHOENIX, AZ 85018

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

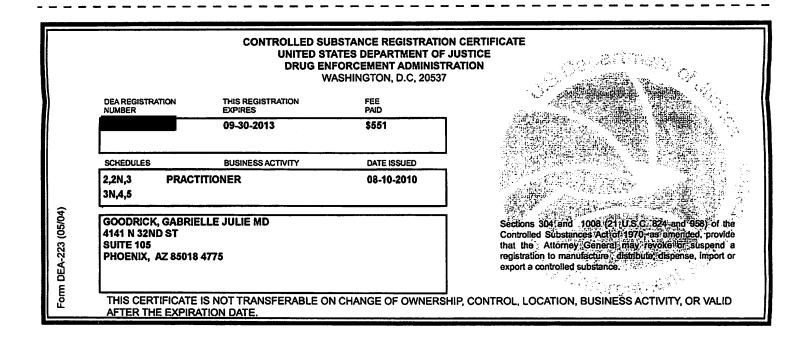
Physician's Signature



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.



(480) 551-270RECEIVED

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-270

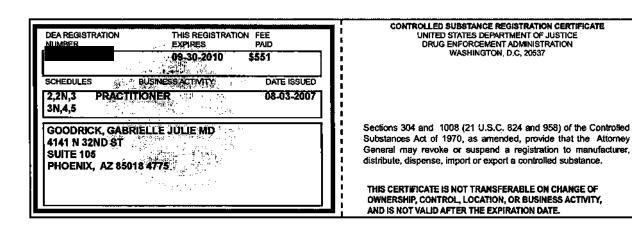
DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

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		AZ MEDICAL BOARD
PHYSICIAN NAME: Gabrielle Julie Goodrick, MD MD LICENSE #: 22811	SPECIALTY: Fav	nily Medicine
	or Loialin.	
Renewal Registration (\$150) (Renewal & fe	e must come together postmarked or	faxed by 6/30)
 Confirm ALL locations below where you will be dispeted. (For each location, place a check mark to verify address) 	ress and schedule of drugs dispensed from	each location are correct)
 Include a copy of your DEA license if you are reques Blank form attached to add additional locations 	iting dispensing of controlled substances at	any 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		
Dispensing location information correct		nove this location
Physician's Signature:	Held -	Date: <u>5-10-10</u>
,		

Printable DEA Certificate Page 1 of 1





9646 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2761 . Fax (480) 551-276 Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: Gabrielle Julie Goodrick, MD

MD LICENSE #: 22811

AZ MEDICAL BOARD SPECIALTY: Family Medicine

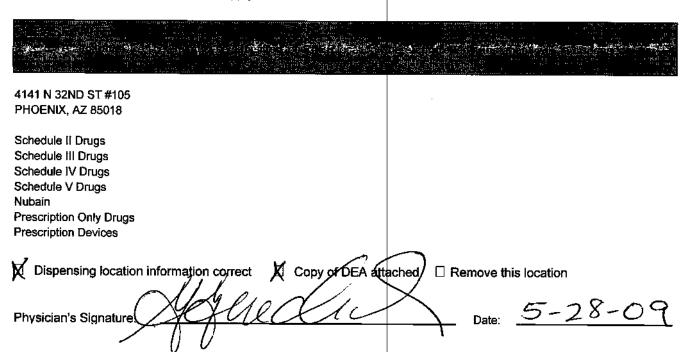
MAY 2 17009

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



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 Goodvics 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 Schedule III Drugs Prescription-Only Drugs X Nubain Schedule IV Drugs Schedule V Drugs Prescription Devices Your certificate will be issued for Prescription-Only Drugs and Devices if a DEA registration is not submitted for each location. PRIMARY PRACTICE LOCATION: Street Address DEA # for this location (Attach Copy of DEA) ADDITIONAL PRACTICE LOCATION: Street Address City, State, Zip Code Phone # DEA # for this location (Attach Copy of DEA) Issued Date **Expiration Date** Renewal registration fee: \$150.00 per physician Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

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

Home Page: http://www.azmd.gov

DISPENSIN	IG P	HYSICIAN INITIAL RE	GIS	TRATION AND ANNU	AL F	RENEWAL	MAY 1 6	2006
•		** Plea	ase Ty	pe or Print **		ARIZO	Ma na-	
PHYSICIAN NAME: 0	abrie	elle J. Goodrick, MD	· .		4,0	BUSIN	S OPE	AL BOARD
LICENSE #: 22811		20/08/3 65/3	SP	ECIALTY: Fami	10	Mod	dicin	L.
		संगोग किन्द्रवाकार का 'माधिका		na unharriore, richtich	0			• •
CHECK ONE:	Init	ial Registration (\$200)		Renewal Registra	ition	(\$150)		
 For each location, pl 	ace a	check mark next to the descri	ptions	orescription drugs, devices and s of the prescription items which ensing of controlled substance:	h will	be dispensed		ation.
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				on where controlled substar the registration period				
PRIMARY PRACTICE			. 11	DEA # FOR THIS LOCATI				
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Schedule II Drugs	<u></u>	Schedule III Drugs	L	Prescription-Only Drugs	ب	Nubain		~
Schedule IV Drugs	<u>ب</u> ا	Schedule V Drugs	<u> </u>	Prescription Devices	<u> </u>		- j	•
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Francis (f. 1904)	hone	Number		Fax Number	' -	* * * * * *	E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain		
Schedule IV Drugs	<u></u>	Schedule V Drugs		Prescription Devices				
***** List any add	itiona	al locations on the revers	e sid	e of this form and place a	chec	k mark here	9:	<u></u>
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Physician's Signature	~	KILLE) Dat	:e: _			<u> </u>
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Initial registration	ı fee	: \$200.00 per physicial	<u>n</u>	Renewal registration	fee:	\$150.00 p	er physici	 <u>an</u> `
4	Mak	e checks or money order	s nav	vable to ARIZONA MEDICA	V R	OARD		
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	lf y			ard, please complete the a	attacl	hed		
		A FINENT CAR	AC	THORIZATION FURIN				



ARIZON BOARD OF MEDICAL EXAMENERS

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

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

PHYSICIAN'S NAME:	Goodrick	Gabrie	No	T
THE STATE OF THE S	(Last Name)	(Fir	st Name	(MI)
LICENSE NUMBER:	22811	SPECIALTY:	F	P
CHECK ONE:	Initial Application:	Renewal Application	n:	
each location, place a location. PRIMARY PRACTICE	Street Address:	ns of the prescription items	s which	will be dispensed from that
7500 N. D	reamy Draw Dr. #133	Phx, AZ	8502	0
Schedule II	Schedule III	Schedule IV		Schedule V
Nubain	Stadol	Prescription-Only Drugs	X	Prescription Devices
ADDITIONAL PRACT		•		
5451 N	Street Address: PHL 37	Phx, Az	/State/Zip	Code:
Schedule II	Schedule III	Schedule IV		Schedule V
Nubain	Stadol	Prescription-Only Drugs	x	Prescription Devices
			L .	
	Street Address:	City	/State/Zip	Code:
Schedule II	Schedule III	Schedule IV		Schedule V
Nubain	Stadol	Prescription-Only Drugs		Prescription Devices
With this registration for Registration for each d	al locations on the reverse side of this orm, include a photo copy of your lispensing location where controlled form and certificate(s) to <u>ATTENTI</u>	current Drug Enforcement substances will be maintain	Admini ined and	stration (DEA) Certificate of l/or dispensed. Return your
the top of this application				
Initial registration	n fee: \$200.00 per physician	Renewal registratio	n fee: S	5100.00 per physician
Form Completed	DEA Certificate	e(s) Enclosed	Fee of \$	200 enclosed
Physician's Signature	: Malauld Affill	WUGD-	Date:	RECEIVED B. GOLEX

- BM953280007 (01/96)

ADDITIONAL PRACTICE LOCATIONS:

Street Address:		E City/State/Zip Code:			
Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain	Stadol		Prescription-Only Drugs	Prescription Devices	
13				•	
Str	eet Address:	K-416 +	City/St:	ate/Zip Code:	
Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain .	Stadol .		Prescription-Only Drugs	Prescription Devices	
Str	eet Address:	· ·	City/Sta	ate/Zip Code:	
Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain	Stadol		Prescription-Only Drugs	Prescription Devices	
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Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain	Stadol		Prescription-Only Drugs	Prescription Devices	
	1				
Stro	eet Address:	ı	City/State/Zip Code:		
Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain	Stadol		Prescription-Only Drugs	Prescription Devices	
Stre	eet Address:	•	City/State/Zip Code:		
Schedule II	Schedule III		Schedule IV	Schedule V	
Nubain	Stadol		Prescription-Only Drugs	Prescription Devices	
Nusan	Statos	.13	Trescription-Only Drugs	Trescription Devices	
No.: 9069	For Busine.	ss Off	Fice Staff Use Only Batch No.: 076	901 -01	

BM953280007 (01/96)