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MAY 08 2015
ARIZONA MEDICAL BOARD

ARIZONA MEDICAL BOARD

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

cc 167457
\$1200.-
RECEIVED
MAY 08 2015
ARIZONA MEDICAL BOARD

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William H. Richardson, MD

LICENSE #: 18829

SPECIALTY: Obstetrics & Gynecology

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				City/State/Zip Code			
5240 E. Knight Dr, Ste 112				Tucson, AZ 85712-2122			
Phone Number				Fax Number		E Mail	
520-323-9682				602-604-0159		[REDACTED]	
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs		Nubain	
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices			

ADDITIONAL PRACTICE LOCATION:

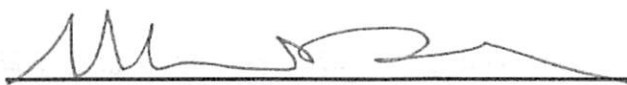
DEA # FOR THIS LOCATION:

Street Address				City/State/Zip Code			
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 2nd page of this form and place a check mark here:

☐

Physician's Signature:



Date:

4/15/2015

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

RECEIVED
MAY 08 2015
ARIZONA
MEDICAL BOARD

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013

RICHARDSON, WILLIAM H MD
5240 E. KNIGHT DR.
SUITE 112
TUCSON, AZ 85712

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.

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

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013

RICHARDSON, WILLIAM H MD
5240 E. KNIGHT DR.
SUITE 112
TUCSON, AZ 85712

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Arizona Medical Board

9545 E. Doubletree Ranch Road, Scottsdale AZ 85258 • website: www.azmd.gov
Phone (480) 551-2700 • Toll Free (877) 255-2212 • Fax (480) 551-2707

DATE: 04/22/15

We are returning the documentation/payment we received due to the following outstanding items. Please return this documentation, along with the following item(s) so that we may process your request.

- ☐ Payment: _____
- ☐ Application form - See new form @ azmd.gov, Physician Center)
- ☐ Renewal form - Must be included with payment or completed on-line at azmd.gov (MDs) or azpa.gov (PAs).
- ☐ Photo of passport quality - (Must have been taken within 60 days of application)
- ☐ Completion of page(s): _____
- ☐ Signature on page(s): _____
- ☐ Notarization of application.
- ☐ Fingerprinting: Since your license/renewal was active prior to September 2, 2014, a fingerprint card is not needed at this time and is being returned to you along with your payment of \$50.

X Other: RETURNING OK #167457. YOUR DISPENSING LIC. WILL BE UP FOR RENEWAL AFTER MAY 1, 2015.

Regards,

Arizona Medical Board & Arizona Regulatory Board of Physician Assistants

THIS FEE IS \$150 -
PLEASE RESUBMIT AT THAT TIME.

THANK YOU.

CHECK # 5210
\$150

RECEIVED

MAY 16 2014

ARIZONA MEDICAL BOARD

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

AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

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

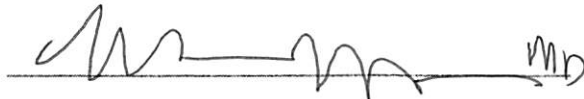
A separate DEA license must be submitted for **EACH** location where controlled substances will be dispensed and must be kept current during the registration period

5240 E KNIGHT DR #112
TUCSON, AZ 85712

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

☒ Dispensing location information correct ☒ Copy of DEA attached ☐ Remove this location

Physician's Signature:



Date: 5/13/2014

ENTER

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712		

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WASHINGTON, D.C. 20537

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Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712		

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Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258 • 5514
Telephone: 480 -551-2700 • Toll Free: 877 -255-2212 • Fax: 480 -551-2704
Website: www.azmd.gov

RECEIVED
MAY 14 2013
AZ MEDICAL BOARD

May 07, 2013

William Henry Richardson, MD
Tucson Women's Center
5240 E Knight Dr Ste 112
Tucson, AZ 85712-2122

License # 18829

RE: RENEWAL OF DISPENSING PHYSICIAN REGISTRATION FOR FISCAL YEAR 2013 - 2014

Enclosed please find an application for renewal of your Dispensing Physician Registration(s) for FY 2013 - 2014. **Your current registration(s) will expire on 06/30/2013.**

Please complete the enclosed application in its entirety and return with your **\$150** renewal payment and DEA certificate(s) as appropriate, postmarked on or before June 30th to ensure timely issuance of your dispensing certificate(s) for the new fiscal year. Please note that one \$150 renewal fee covers all dispensing locations for the year. Please make your check, cashier's check or money order payable to **ARIZONA MEDICAL BOARD** or if paying by Visa, MasterCard or American Express (use credit card authorization form attached) and mail or fax with renewal documents. Please note that we cannot accept post-dated checks.

Mail your application and fee to:
Arizona Medical Board
9545 E. Doubletree Ranch Rd.,
Scottsdale, AZ 85258-5514

If the completed annual renewal form, all required documentation and the correct fee are not received at the Board's office postmarked on or before June 30, 2013, the physician "shall not dispense drugs and devices until newly registered". This would require completion of an "initial" registration at a fee of \$200. R4-16-301(C)

If you have questions, please contact the board by phone at (480) 551-2700.

Sincerely,

The Arizona Medical Board
www.azmd.gov

*Go online
send in writing*

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 ****

RECEIVED
MAY 14 2013
AZ MEDICAL BOARD

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

SPECIALTY: OBGYN

- ☐ 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

5433 S 12th Ave
Suite 4
Tucson, AZ 85706

Schedule V Drugs
Prescription Only Drugs
Prescription Devices

☐ Dispensing location information correct ☐ Copy of DEA attached ☒ Remove this location

5240 E KNIGHT DR #112
TUCSON, AZ 85712

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

☒ Dispensing location information correct ☒ Copy of DEA attached ☐ Remove this location

Physician's Signature: _____

Date: 5-15-13

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712		

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

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Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	03-01-2013
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712		

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MAY 14 2013
AZ MEDICAL

May 11, 2013

To whom it may concern:

Let this letter serve as official notification that I am no longer providing services and no longer require dispensing registration at the following dispensing location:

5433 S. 12th Ave
Suite 4
Tucson, AZ 85706

Please feel free to contact my office at (520)323-9682 if there are any questions.

Respectfully,



William Richardson, MD

ARIZONA MEDICAL BOARD

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

RECEIVED

MAY 10 2012

AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

SPECIALTY: OTB / 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)
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- 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

5240 E KNIGHT DR #112
TUCSON, AZ 85712

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

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

Physician's Signature: 

Date: 5/8/2012

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION:			
Street Address 5433 S. 12TH AVE #4				City/State/Zip Code TUCSON, AZ 85706			
Phone Number 520-323-9682				Fax Number 520-323-9689		[REDACTED]	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	[REDACTED]
Schedule IV Drugs		Schedule V 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		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION:			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

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Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION:			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION:			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

RICHARDSON, WILLIAM MD
5240 E. KNIGHT DR. #112
TUCSON, AZ 85712-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
5,	PRACTITIONER	06-08-2011
RICHARDSON, WILLIAM MD CENTRO DE SALUD PARA MUJERES 5433 S. 12TH AVE #4 TUCSON, AZ 85706-0000		

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.

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WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
5,	PRACTITIONER	06-08-2011
RICHARDSON, WILLIAM MD CENTRO DE SALUD PARA MUJERES 5433 S. 12TH AVE #4 TUCSON, AZ 85706-0000		

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RICHARDSON, WILLIAM H MD
5240 E. KNIGHT DR.
SUITE 112
TUCSON, AZ 85712-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000		

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Form DEA-223 (4/07)

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000		

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Website: www.azmd.gov

RECEIVED
JUN 23 2011
AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

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.
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PLEASE NOTE


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5240 E KNIGHT DR #112
TUCSON, AZ 85712

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

☒ Dispensing location information correct ☒ Copy of DEA attached ☐ Remove this location

Physician's Signature:



Date:

6-7-2011

RICHARDSON, WILLIAM H MD
5240 E. KNIGHT DR.
SUITE 112
TUCSON, AZ 85712-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000		

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

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

RECEIVED
MAY 17 2010
AZ MEDICAL BOARD

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

SPECIALTY: OB/GYN

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

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✓ 5240 E KNIGHT DR #112
TUCSON, AZ 85712

Schedule II Drugs

Schedule III Drugs

Schedule IV Drugs

Schedule V Drugs

Prescription Only Drugs

Prescription Devices

☒ Dispensing location information correct ☒ Copy of DEA attached ☐ Remove this location

Physician's Signature: _____

Date: _____

5/11/2010

RICHARDSON, WILLIAM H MD
5240 E. KNIGHT DR.
SUITE 112
TUCSON, AZ 85712-0000-000



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[REDACTED]	04-30-2013	FEE PAID
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RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000		

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WASHINGTON D.C. 20537

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

Form DEA-223 (4/07)

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]	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010
RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000		

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.

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

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

MAY 11 2009

PHYSICIAN NAME: William H. Richardson

AZ MEDICAL BOARD

LICENSE #: 16829

SPECIALTY: ob/gyn

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:

4/30/10

Street Address		City/State/Zip Code	
5240 E. Knight Drive Suite 112		Tucson, AZ 85712	
Phone Number		Fax Number	E Mail
520-323-9682		520-323-9689	
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	
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		Nubain	
Prescription Devices			

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

☐

Physician's Signature:

Date: 05/07/2009

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



ENTERED

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 Fax (480) 551-2764
Home Page: <http://www.azmd.gov>

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: WILLIAM RICHARDSON, MD

LICENSE #: 18829

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

MAY 23 2008

ARIZONA MEDICAL BOARD
BUSINESS OPERATIONS

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:

5240 E. KNIGHT # 112 TULSON, AZ 85712 (502) 823-96

Street Address City, State, Zip Code Phone #

DEA # for this location (Attach Copy of DEA) 3/1/2007 4/30/2010 ✓

Issued Date

Expiration Date

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #

DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

Physician's Signature: [Signature] Date: 5/19/2008

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

ENTERED

G/S
5/27/08

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 INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

RECEIVED BY:

PHYSICIAN NAME: William Richardson, MD

LICENSE #: 18829

SPECIALTY: OB/GYN

MAY 18 2006

CHECK ONE: ☐ Initial Registration (\$200)

☒ Renewal Registration (\$150)

ARIZONA MEDICAL BOARD
BUSINESS OPERATIONS

- 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.
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PLEASE NOTE

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PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

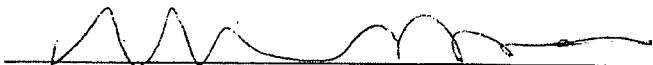
Street Address		City/State/Zip Code	
5240 E KNIGHT DR. #112		TUCSON, AZ 85712	
Phone Number		Fax Number	
(520) 323-9682		(520) 323-9681	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

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		Nubain	
<input type="checkbox"/>		<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: ☐

Physician's Signature: 

Date: 5.16.06

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.