

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 **

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD

MD LICENSE #: 41803

SPECIALTY: OB/GYN

RECEIVED
JUN 18 2014
AZ 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

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

1526 W Glendale Ave. Ste 109
Phoenix, AZ 85021

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: DeShawn Lakisha Taylor

Date: 6/16/14

ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	11-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-04-2011
TAYLOR, DESHAWN L MD 1526 W. GLENDALE AVENUE SUITE 109 PHOENIX, AZ 85021		

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]	11-30-2014	\$551
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2,2N,3 3N,4,5	PRACTITIONER	11-04-2011
TAYLOR, DESHAWN L MD 1526 W. GLENDALE AVENUE SUITE 109 PHOENIX, AZ 85021		

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ARIZONA MEDICAL BOARD9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707
Home Page: <http://www.azmd.gov>**DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM**

** Please Type or Print **

PHYSICIAN NAME: DeShawn Taylor, MDLICENSE #: 41803SPECIALTY: Ob/GynCHECK 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	
1526 W. Glendale Avenue, Ste 109		Phoenix, AZ 85021	
Phone Number		Fax Number	E Mail
480-447-8857		480-718-8411	
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		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"/>	

***** List any additional locations on the 2nd page of this form and place a check mark here:☐Physician's Signature: Date: 8/8/13Initial registration fee: \$200.00 per physicianRenewal 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**

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 14805512707

FROM Desert Star Family Planning, LLC

DATE 2013-08-08 16:25:56 GMT

RE Initial Dispensing Application - D. Taylor 41803

COVER MESSAGE

Please confirm receipt at deshawnt@gmail.com. Thank you!

DeShawn Taylor, MD



Arizona Medical Board

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2705
Website: www.azmd.gov

August 12, 2013

RE: NOTICE OF DEFICIENCY DISPENSING RENEWAL

Dear Dr. Taylor,

Please be advised that the Arizona Medical Board has received your application for a dispensing registration for fiscal year 2013-2014. Unfortunately, your renewal application is not administratively complete and we cannot issue your registration until the following items have been included and/or appropriately completed:

Need current DEA card for the following location:

**1526 W Glendale Ave, Ste 109
Phoenix, AZ 85021**

Please remedy one or all of the above stated deficiencies and return all of the required information to the Board at an address listed above.

In accordance to *11 A.A.R 2944*, you have 30 days from the date listed above to provide proper documentation. At that time if no documentation is provided and should you desire to pursue dispensing licensure in Arizona; a new licensure application must be filed with the Arizona Medical Board. In addition, all fees are forfeited.

If you have questions, please feel free to contact the Arizona Medical Board Licensing Department with the contact information above.

Sincerely

Arizona Medical Board

DEA REGISTRATION NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>	THIS REGISTRATION EXPIRES 11-30-2014	FEE PAID \$551						
<div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">SCHEDULES</th> <th style="width: 33%;">BUSINESS ACTIVITY</th> <th style="width: 33%;">DATE ISSUED</th> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td>PRACTITIONER</td> <td>11-04-2011</td> </tr> </table> </div>			SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	2,2N,3 3N,4,5	PRACTITIONER	11-04-2011
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED						
2,2N,3 3N,4,5	PRACTITIONER	11-04-2011						
TAYLOR, DESHAWN L MD 1526 W. GLENDALE AVENUE SUITE 109 PHOENIX, AZ 85021								

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 WASHINGTON, D.C. 20537

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Form DEA-223 (05/04)

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DESHAWN TAYLOR, M.D.

LICENSE #: 41803

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:

Street Address		City/State/Zip Code	
1331 N. 7th Street STE 225		Phoenix, AZ 85006	
Phone Number		Fax Number	
602-553-0440		602-462-5588	
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 2nd page of this form and place a check mark here:

☐

Physician's Signature: [Signature]

Date: 11/12/12

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

TAYLOR, DESHAWN L MD
18039 ONYX AVE
WADDELL, AZ 85355-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	11-30-2014	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011
TAYLOR, DESHAWN L MD FAMILY PLANNING ASSOCIATES MEDICAL GROUP 1331 N. 7TH STREET STE 225 PHOENIX, AZ 85006-0000		

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

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2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011
TAYLOR, DESHAWN L MD FAMILY PLANNING ASSOCIATES MEDICAL GROUP 1331 N. 7TH STREET STE 225 PHOENIX, AZ 85006-0000		

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Recipient Information

To: Arizona Medical Board
Fax #: 4805512707

Sender Information

From: DeShawn Taylor, MD
Email address: [REDACTED]
Sent on: Monday, November 12 2012 at 6:07 PM EST

Date: 11/12/12

To: Arizona Medical Board

From: DeShawn Taylor, MD

RE: Dispensing renewal for DeShawn Taylor, MD, AZ license # 41803

Thank you!

DeShawn Taylor, MD

This fax was sent using the FaxZero.com free fax service. FaxZero.com has a zero tolerance policy for abuse and junk faxes. If this fax is spam or abusive, please e-mail support@faxzero.com or send a fax to 800-980-6858. Specify fax #8064960. We will add your fax number to the block list.

ARIZONA MEDICAL BOARD

9546 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2700 . Fax (480) 551-2704
Website: www.azmd.gov

RECEIVED

JUN 30 2011

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

AZ MEDICAL BOARD

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD

MD LICENSE #: 41803

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

2255 N Wyatt Dr
Tucson, AZ 85712

Schedule II Drugs
Schedule III Drugs
Schedule IV Drugs
Schedule V Drugs



Dispensing location information correct



Copy of DEA attached

☐ Remove this location

5771 W Eugie
Glendale, AZ 85304

Schedule II Drugs
Schedule III Drugs
Schedule IV Drugs
Schedule V Drugs



Dispensing location information correct



Copy of DEA attached

☐ Remove this location

1250 E Apache #108
Tempe, AZ 85281

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 locationPhysician's Signature: DeShawn Lakisha TaylorDate: 6/29/11

ENTERED

Printable DEA Certificate

Page 1 of 1

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	11-30-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-25-2009
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 2255 N. WYATT DRIVE TUCSON, AZ 85712		

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2,2N,3 3N,4,5	PRACTITIONER	06-30-2009
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 5771 W EUGIE GLENDALE, AZ 85034		

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2,2N,3 3N,4,5	PRACTITIONER	11-06-2009
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 1250 E. APACHE ROAD #108 TEMPE, AZ 85281		

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TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 1250 E. APACHE ROAD #108 TEMPE, AZ 85281		

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Form DEA-223 (05/04)

**FAX TRANSMITTAL**

Date: 6/29/11

Fax No.: 480-551-2704

To: AZ MED BS

No. of pages: 6 (including cover)

From:

Phone No.:

<input checked="" type="checkbox"/> DeShawn Taylor, M.D.	602.263.4236	Fax	602-604-0159
<input type="checkbox"/> Carol Bafaloukos	602.263.2231		
<input type="checkbox"/> Cynthia K. Locke	602.263.2237		
<input type="checkbox"/> Jennifer Murdaugh	602.200.2195		

Comments:

PLEASE CONFIRM RECEIPT AT NUMBER
ABOVE OR dtaylor@ppaz.org.

THANK YOU VERY MUCH!

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road, Scottsdale, Arizona 85268 Telephone: (480) 661-2781, Fax (480) 661-2704
Home Page: <http://www.azmd.gov>

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** Please Type or Print **

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MD LICENSE #: 41803

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

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- Blank form attached to add additional locations

PLEASE NOTE

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☒ 1250 E Apache #108
Tempe, AZ 85281

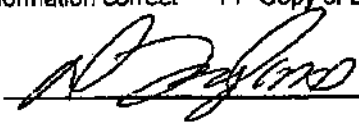
Schedule II Drugs
Schedule III Drugs
Schedule IV Drugs
Schedule V Drugs
Prescription Only Drugs
Prescription Devices

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

4417 N 7th Ave
Phoenix, AZ 85013

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: 6/23/10

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD
MD LICENSE # 41003

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

✓ 5771 EUGIE				GLENDAL, AZ, 85304			
Street Address				City/State/Zip Code			
Phone Number				Fax Number			
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:

✓ 2255 N. WYATT DRIVE				TUCSON, AZ, 85712			
Street Address				City/State/Zip Code			
Phone Number				Fax Number			
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	
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Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

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TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 1250 E. APACHE ROAD #108 TEMPE, AZ 85281-0000		

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

Sections 314 and 1008 (21 USC 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.

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-223J511 (4/07)

**REPORT
CHANGES
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug
schedule or the drug codes you handle, please

1. visit our web site at deaadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 682-9539 - or
3. submit your change(s) in writing to:
Drug Enforcement Administration
P.O. Box 28083
Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51
for complete instructions.

You have been registered to handle the following chemical/drug codes:

DEA REGISTRATION NUMBER		THIS REGISTRATION EXPIRES		FEE PAID
[REDACTED]		11-30-2011		\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED		
2,2N,3 3N,4,5	PRACTITIONER	06-30-2009		
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 5771 EUGIE GLENDALE, AZ 85034				

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

Sections 301 and 1006 (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.

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]		11-30-2011		\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED		
2,2N,3 3N,4,5	PRACTITIONER	06-30-2009		
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 5771 EUGIE GLENDALE, AZ 85034				

Sections 301 and 1006 (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)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	11-30-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-25-2009
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 2255 N. WYATT DRIVE TUCSON, AZ 85712-0000		

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

Sections 301 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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Form DEA-223/511 (4/07)

**REPORT
CHANGES
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

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1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-8639 - or
3. submit your change(s) in writing to:
Drug Enforcement Administration
P.O. Box 28863
Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

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

JUL 15 2009

\$200

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DESHAUN TAYLOR, M.D.LICENSE #: 41803 SPECIALTY: OB/GYNCHECK 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: [REDACTED]

Street Address		City/State/Zip Code	
4417 N. 7TH AVE		PHOENIX, AZ, 85013	
Phone Number		Fax Number	
602-889-6574		602-889-6571	
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: [REDACTED]

Street Address		City/State/Zip Code	
1250 E. ARIZONA #108		TEMPE, AZ 85281	
Phone Number		Fax Number	
480-966-4728		480-921-8712	
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"/>	

***** List any additional locations on the reverse side of this form and place a check mark here: ☐Physician's Signature: [Signature]Date: 7/13/09

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