. **UF MEDICAL EXAMINERS**

North 19th Avenue, Suite 300 Phoenix, Arizona 85015 A.C. (602) 255-3751

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT



FOR BOARD USE DO NOT USE THIS SPACE

JUN 27 1984

BOMEX

ETED BY THE APPROPRIATE AGENCY AND RETURNED DIRECTLY TO THIS BOARD

INFORMATION

All candidates will be required to provide satisfactory evidence that:

- 1. He possesses a good moral and professional reputation.
- 2. He is physically and mentally able safely to engage in the practice of medicine.
- 3. He has not been found guilty of any act of unprofessional conduct.
- 4. He has not had disciplinary action taken against him by any other state, territory, district or country for reasons which relate to his ability to safely and skillfully engage in the practice of medicine.

APPLICATION INSTRUCTIONS (Read Carefully)

In addition to the appropriate completion of the applicable sections of this application; the applicant will submit the following:

- 1. Evidence of Name and Date of Birth: (a) a photocopy of birth certificate; or (b) an Original Certificate of Naturalization; or (c) other documentary evidence for consideration. (Visa, green card, Passport, etc.)
- Certified evidence of any legal name changes other than that shown on certificates filed in accordance with paragraph 1 above, e.g., marriage certificate.
- Photocopy of any certificate of release from U.S. military or public health service or if applicable, have attached herewith a
 letter from any Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from
 active duty.
- 4. Photocopies of any certificates awarded by any of the American medical specialty boards.
- 5. Photocopies of all certificates awarded following completion of any residency, fellowship or other post-graduate medical education undertaken in United States or Canadian hospitals; or letters of certification of partial; past; or current training.
- 6. The name and address of all of the following
 - (a) The secretary of the county medical society wherein you were engaged in practice for the three years preceding filing this application.
 - (b) All of your hospital affiliations for the five years preceding filing this application and the Chief of Staff or Chief of Service for each.

	our exact whereabouts from d	ate of graduation			onth
and year listed fo		a allocation in a careful			
	or Money Order in U.S. Funds		to a		
	orfeiture if not claimed within e license upon which endorse				the filing of this
	equired to submit to oral exam				g the ming of this
	itted in foreign languages shall		3. 7	W.C	
	ilated Applications are not acc			- Alic	
	mptions to any portion of this			oncideration t	or licensure
13. NOTE: All cred turned e	entials submitted must remain except original Certificates of I not exceed 8-1/2 inches by 11	the property of the Ariz Naturalization or the a	ona Board of Medical	Examiners and	d NONE will be re-
14. Thorocopies shan	not exceed 0-1/2 mones by 1	menes in size.			
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		ANADIAN MEDICAL SC			
American Medical Associa	ols located in the United State ation, the Canadian Medical (the appropriate agency with th	Council, or the Association	on of American Medi	cal Colleges, v	will forward forms
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0 1 6 6 1 1 1		DICAL SCHOOL GRAD	ETHOROUGH CO.	A 7 17 107 10	100
	ols located outside the United ate agency with the request the				
applicable, to the appropri	are agency with the request the	at they be completed and	returned to the Arizo	na board or w	redical Examiners.
Note: Applications c	annot be processed nor consid	ered until ALL requisite	forms are completed a	nd returned di	rect to the Arizona
address provide			ome are completed a		TO THE PARTICULAR
T. Dank Charles		APPLICATION			
(To be completed, signed b	y applicant and notarized. All	questions MUST be answ	ered in their entirety)		
1. Present Legal Name:	ORENSTEIN	DAVID	HARRIS		
1. Tresent Legal Name.	(Last)	(First)	(Middle)	(M	faiden)
la. Other names used:_					
O Address Bandaras					
2. Address: Residence:	(No.) (Street)	(City)	(State)	(Zip Code)	(Phone)
	회에 1		74.44		
Office 65	S MTN. BLVD EXT.	WARREN NJ	01	060 201	469 9494
	(No.) (Street)	(City)	(State)	(Zip Code)	(Phone)
2 City and State of Dieth		M	onth Day and Vans o	f Direh	
3. City and State of Birth.		M	onth, Day and Year o	Birth	
4. In what states or provin	ices have you applied for licens	e or registration? If more	than two, attach sepa	rate listing. If	license not issued,
so state.		C Jan & Marie Constant	Apren a City in the City		
	10RK			13396	
(Specify State Board	(Date of Application)	(Result)		(Certificate No.)
(Date Issued)	(Specify if by Written	Examination or on Credenti	als)		
(b) NEW	JERSEY			3489	3
(Specify State Board		f Application) (I	Result)	(Certificate No.	
(Spirit) State State		. strangers	117 27 C		
(Date Issued)	and the second s	Examinaton or on Credenti			A An
5. Has any medical licensing	ng or registering authority ever	taken disciplinary action	against you or your l	icense or regist	ration?
No					
NV		(Answer)			
6 Have you ever been abou	rged with a violation of any sta		Oreion governmental	agency?	No
					(Answer)
7. Has there been any com	plaint filed against you by or t	hrough any medical boar	d or association?^i	0	ar)
0.11		109.00 002.002.00	0	(Answ	ci)
8. Have you ever had hosp	oital privileges revoked, suspend	ied or restricted in any w			
			NO		

(Answer)

9. Have you ever been invo	olved in any malpr	actice matter wh	ich resulted	in a judgement ag		in excess of \$30,000 or more?
						(Answer)
10. Have you ever been trea	ted for the use of	or abuse of any	substance or	substances?		(Answer)
11. Have you ever been a pa	itient in a mental	or other institution	on of confin	ement?		(Answer)
11. Have you ever occin a pe	icioni in a monta.	or outer matter.	on or comm	omone.	1117	(Answer)
12. Are you suffering from	any ailment comn	nunicable to othe	ers?		(Answ	er)
a detailed repor		including any cha	irge; date of	such charge; the		icant will file with the application name and address of all bodies of
13. Are you presently in go	od physical and m	ental health?			(Алѕw	er)
his attending physician.)				osis and p	prognosis, supported by report of
14. Enter your height here.	5-10	Weight 18	Oco	lor of eyes_36	low J	_color of hair BRown
15. List Internships, Reside	ncy and Fellowshi	ip training – chro	onologically	showing institution	on, addres	s and type of program, and dates.
7/76-8/77 CAT	ECORICAL *	OB/GYN IN	TERNSHIP	MUHL	NBERG	HOSPITAL PLAINFIELD No
7/77-6/80 UM	DUJ-RUICE	res MEDICA	L SCHOO	L OB/GYN	Resi	DENCY PISCATAWAY, NJ
-						30 5.0
						J. Jauri w
						Aller Care
16. Are you American Boar	d certified? No)		_Specialty		" Carried My 2
18. Exact whereabouts fro for each. No more than	m date of gradua	tion from medic	al school to	date of applicati		rds? If so, which? YES; OB/GYA
AL EDISON	٨	T Citata	from	7/76	to	6/77
AL PISCATAWAY	A	State	from	7/77	to	7/80
At GREEN BRO	OK N	State	from	7/80	to	present
City		State	Conses		_to_	
City		State	from		10	
At		0/ /:	from		to	
City 19. In the event you are su	ccessful in obtaini	State	ractice medic	ine by this applic	ation hav	e you selected a location?
_YES		GLENDALE		лис оу инз аррис	ation, nav	e you selected a location:
Solo or in Association w		HEALTHPL		ARIZONA		
20. What is your intended s				7,050,050		
21. Are you a member (pas			ernational m		N. 0200	zation? If yes, please insert name:
(a) What state or provi)	ciation if any?				
(b) What county or dis						
22. What branch of the Uni		The state of the s				0.2
Active duty? From	cu States Affiled	r orces mave you		n any, including	osrns!_	N Fa
Active duty: From	Month and	Year	to	Mont	h and Year	

County of SOM ERS	ET	SS		
county of		-)		
The services DA	IND HARRIS OREN	STEIN, M.D.		
The applicantDA	(Name in			
the complete application, knows credentials submitted herewith a application, that the same was produced without lawful holder thereof. Further, ployers (past and present), busing foreign) to release to the Arizona in connection with this application organizations, individuals or ground further acknowledge that falsific revoke the same, if issued. Signature of Applicant Subscribed and sworn to before in the same of the s	green and	ares that all of the information awful holder of the degree of truction and examination, and y mistake of which the applicantitutions or organizations, ast and present) and all goves successors any information, on a Board of Medical Examination is material to this approximation is material to this approximation.	n contained herein Doctor of Medicir d that it, together ant is aware and the my references, per riment agencies (files or records re- tiners or its succes plication or any se	n and evidence or oth- ne as prescribed by th- with all the credentic that the applicant is the ersonal physicians, en (local, state, federal of quested by that Board essors to release to the subsequent licensure, or to hold a hearing t
VIOLA BRIDGE NOTARY PUBLIC OF NEW My Commission Expires Jan	Muhlenberg Hos . 25, 1989 Raritan Valley St. Peter's Me	sp., Plainfield, NJ y Hosp., Greenbrook, ed. Ctr., New Brunsw ., Summit, NJ 9/18	NJ 9/17/8	34 L/84
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1. Copy of Birth Certificate - enclosed

5. Photocopies of Internship + Residency completion - enclosed

- 6. a) Secretary Union County Medical Society 347 Lincoln Av.: Cranford, N. J.
 - 6.) 1- Robert Malatesta, M.D.

 Muhlenberg Hospital

 Park Ave. + Randolph Rd.

 Planifield, N.J. 07061
 - 2- Chief of Stoff St. Peter's Medical Center 254 Easton Ave. New Brunswick, n.J. 08903
 - 3- Chief of Staff Overlook Hospital Summit, n.J. 07901
 - 4- Robert J. Robinson, M.) Chief of Stoff Ranifan Valley Hospital 275 Greenbrook Rd. Greenbrook, N. J. 08812

[Hospital closed 1981]

7. 7/76 - 6/77: Intenship, Muhlenberg Hospital, Planifield, N.J.
7/77 - 6/80: Residency, UMDNJ - Rutgers Medical School, Piscataway, N.J.
7/80 - present: Group Practice, Warsen, N.J.

BOMEX SEP 184 ege of Medicine and Aentistry of New Fernish



Autgers Medical School

Piscataway, New Jersey

This is to certify that

David H. Orenstein, M.D.

has served satisfactorily

Resident in Obstetrics and gynecology

the affiliated-hospitals program

July 1, 1977 to June 30, 1980

Muhlenberg Hospital & &

Affiliated with The College of Medicine and Bentistry of New Jersey - Rutgers Medical School

This certifies that

David Harris Orenstein, M.D.

has satisfactorily served as

Categorical Obstetrics/Gynecology Intern

from July 1, 1976 to June 30, 1977

Arald Exupp



Robert T. Malatesta M. D.

Breceptor

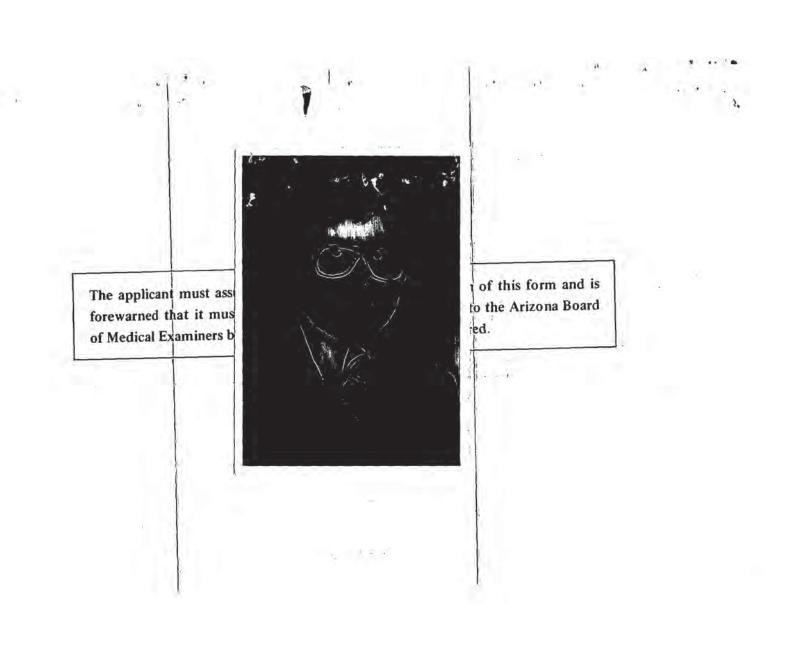
Edward Muley Different

FORM I

MEDICAL COLLEGE CERTIFICATION

school granting the	redical degree)
This is to cert	y that DAVID HARRIS ORENSTEIN
	(Full Name of Student)
whose photograph	is attached hereto, was granted the degree of Doctions essuff Maricle changes t
	Chingi et Auguchonding
(Full Name of School of	College of Medicine as it appears on the Applicant's Medical degree diploma)
that the date of his	atriculation in medical school was
All ful	courses of medical lectures comprising 30 Week months each.
(Number)	(Number)
Signed	Andria or
Dean \ E	PAR DELEGATION
President	PAR DELEGATION
Secretary of _	LE CHEF DU SECRETARIAT ETUDIANT
Registran	Suzanne CYPRES Date 30 10 7 198
Address Facult	de Médecine et de Pharmacie
Rue Ev	
1.000 B	UXELLES
	그러나 사람들은 사람들이 되었다.

Please return completed form direct to Arizona Board of Medical Examiners, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015



INTERNSHIP OR POSTGRADUATE TRAINING CERTIFICATION

This is to cer	ify that	DAVID	HARRIS	ORE	NSTEIN			, M.D., undertook an
			(Name of A	pplicant in	Full)			(8
satisfactorily comp	eted an approved int	ernship in the	Muh1	enberg	Hospital			
			100	(Full M	Name and Comp	lete Addre	ss of Hospital))
Raritan Road	& Park Avenue	, Plainfié	1'd, N.J.	from _	7/1/76 (Date)	to _	6/30/77 (Date	and that sai
Association, or the	Canadian Medical As Whala	sociation texta m	^	ouncil on	Medical Educ	ation and	B Hor	f the American Medica
Title Chie	rt L. Malatest F, Department enberg Hospita	Obstetrics	and Gynec	ology		_	2 14 22 16	HOSPITAL)
Rari	can Road & Par ofield, N.J.		BOMEX	D	ate <u>Sept</u>	ember	4, 1	19 84
	and the second section of the		250 4:0 40					

Please return completed form direct to Arizona Board of Medical Examiners, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015

FORM IV

SUPPLEMENTAL POSTGRADUATE TRAINING CERTIFICATION

This is to certify that	PAND HARRIS			M.D., undertook and
	(Name of A	Applicant in Full)		TGERS
satisfactorily completed a full term app	roved program of one year	ir or more in the:	(Full Name and Complete	The state of the s
MEDICAL SCHOOL				RUNSWICK, WJ
in the field of OBSTBTRIC	/	,-	5.	1 1980 08903
in the field of	00 + 0 1101 00	rom /	to_o	11100
40 (10)		(D):	ate)	(Date) >
		(1) (D)	nte)	(Date) (30/80)
and that said program was approved	for such training during	that period by the Council	nte)	(30/80)
	for such training during	that period by the Council	nte)	(30/80)
and that said program was approved	for such training during	that period by the Council	nte) //:**7 — 6 , il on Medical Education	and Hospitals of the
and that said program was approved American Medical Association, of the Signed Chairman, Dept Obste	for such training during Canadian Medical Associa Landon Medical Associa	that period by the Councillation.	on Medical Education (SEAL OF HO	and Hospitals of the
and that said program was approved American Medical Association, of the Signed Chairman, Dept Obstatile Union-Rutgers Medical	for such training during Canadian Medical Associa etrics & Gynecolog School	that period by the Councillation.	(SEAL OF HO	and Hospitals of the
and that said program was approved American Medical Association, of the Signed Chairman, Dept Obstation Title Unioni-Rutgers Medical Address Academic Health Scientific Chairman Chairm	for such training during Canadian Medical Associa etrics & Gynecolog School noe Center, CN19	that period by the Councillation.	on Medical Education (SEAL OF HO	and Hospitals of the
and that said program was approved American Medical Association, of the Signed Chairman, Dept Obstatile Union-Rutgers Medical	for such training during Canadian Medical Associa etrics & Gynecolog School noe Center, CN19	that period by the Councillation.	(SEAL OF HO	and Hospitals of the

Please return completed form direct to Arizona Board of Medical Examiners 4060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015



UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY RUTGERS MEDICAL SCHOOL

Academic Health Science Center CN 19 New Brunswick, New Jersey 08903

Department of Obstetrics & Gynecology

September 11, 1984

To Whom It May Concern:

Please be advised that a seal for UMDNJ-Rutgers Medical School is not available for this type of form.

James R. Jones M.D. Professor and Chairman

> BOMEX SEP 14 1984

FORM V

ECFMG CERTIFICATION

(This section to be completed				Council for Forei	gn Medical Gra	duates.)
This is to certify that	DAVID HARR			, M.D., was §	granted the Edu	cational
	(Name	of Applicant in Full)				
Council for Foreign Medical Gradua	ates permanent Standard	Certificate No	233-883-8	on the_	17th	day of
A	ugust, 1977	2014	-12			
	tilin	BOMI	±X	*	1 w	
Ray L Casterlin		SEP 1'0	1094	(SEAL OF ECF	MG)	
Address 3624 Market Str	eet	Date			N	19 84
Philadelphia, P.	A 19104	- 13M			· cont	
Medical Fxpm. 1/22	/75 Englis	sh Fxam.	1/22/75	**	1,0	
Date Issued8/17	423		ndefinitely	e	A 5" "	

Please return completed form direct to Arizona Board of Medical Examiners, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015

"THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNITCULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEFARTMENT, ALBANY, NEW YORK, ORENSTEIN DAVID H
WAS ISSUED LICENSE/CERTIFICATE NUMBER 133965 FOR THE PRACTICE OF MEDICINE

ON 03/24/78,

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION: DATE OF BIRTH: SCHOOL ATTENDED: FREE UNIV OF BRUSSELS

DATE OF GRADUATION: 06/30/76
DEGREE EARNED: DE MSM

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

A DATE FLEX EXAM# BAS SCI AV CLI SCI AV CLI COMP FLEX WTD AV 1277 00994 71.3 81.5 82.7 80.4

BOMEX

OCT 1 1984

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER TRIENNIALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE.

CURRENTLY REGISTERED: NO TRIENNIUM ENDS: ADDRESS:

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I DAVID FRIBOURG , HEAD CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS HEAD CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

Pavid Tilong 9/26/84

OP026 35

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA SATISFACTION OF REQUIREMENTS

APPLICATION	Received September 4,	19.84	30 day grace pė	riod allowed)		
NAME IN FULL	ORENSTEIN		DAVID		HARRIS	
Current Address	(Last)		(First)		(Middle)	
Telephone				(201) 469-949	4	
BIRTHPLACE	(Paride	nce)		(Office)		
CITIZENSHIP	Check One: (Sta	(te) Naturali	(Country)	Declared 1	Intention On	
	Faculty of Med. & Pha	rmacy, Free L	Iniv. of Brusse	ls, Brussels,	Belgium	165-0
MEDICAL EDUCATION *	Control of the Contro	19.76	Proof Recei			☐ Approved
EDUCATION	ECFMG Certificate No. 233-8	A CANAL STATE	8/17/77		ived: -9./10./8	
(OBG)	In Muhlenberg Hosp.	. Plainfield.	N.T		V2TV-A1, 214	
INTERNSHIP	P.	(Full Name and	Location of Hospital, Ci		Total:	12 Months
2	Hospital Accredited from: 1976		Proof Recei	ved: 9./10		12 Months
DI- G	In OBG	for 36	. UI	MDNJ/Rutgers	Med. Sch.	
& Fm. IV	(Field of Training) From July 1, 1			iscataway NJ	nstitution)	
	In Sury 1,	for	months at	une 30, 1980		~
RESIDENCY	(Field of Training) From	101		(Name of I	nstitution)	
	In	for	lo			
	(Field of Training) From	101	months at	(Name of I	nstitution)	
AMERICAN	Of (Eligible) OBG	Certificate	No.	Issued		
BOARD	(Specialty)				-	
PRACTICE	Field of ORG		(Current)			
	Reciprocating through New	York (FLEX)	; No. 1	33965 ; Issue	d 3/24/78	W/E
	In New Jersey #34893	6/21/78 ; [the state of the s	rocity With FLEX		*
LICENSES	<u>In</u>	; [W/E [] Recip	rocity With		
	In	; []	W/E [] Recip	rocity With		
	In	- 11	W/E [] Recip	rocity With		
	In Plainfield (interns	hip) NJ	From	July 1	1976 to Ju	ne 30 19 77
	In Piscataway (residen	cy) NJ	From	July 1	1977 to Ju	ne 30 19 80
	In Warren, NJ		From	July 1	1980 to Da	te 19 84
PREVIOUS PRACTICE	In		From		19 to	19
	<u>In</u>		From		19 to	19
	In		From		19 to	19
	ln .		From		19 to	19
FEES	Temporary \$ Rec	ceipt #	Examination S	Receipt ;	#	
	Limited \$ Rec	ceipt #	Endorsement \$ 250	0.00 - Receipt	# A-019.332	
Ų	AMA Approval 7/31/84	Record clea	ir, N/D			
Fm. II	New York Board Approva	I 10/1/84 Ce	ert. #133965, is	ss. 3/24/78,	FLEX, curre	nt, N/D
	New Jersey Board Approva	9/17/84 Ce	ert. #34893, iss	s. 6/21/78, E	nd., curren	t, N/D
	Fed. State Board Approva	1 9/6/84 Red	cord clear, N/D	FLEX SCOR	ES	
INVESTIGATION	Board Approva					
	Board Approva	1				
	Ass'n Approval					
	Ass'n Approval					
	Ass'n Approval					
INTENDED_ LOCATION	Glendale (CIGNA Healt	thplan of AZ)				1
js		10/16/	184		1 1 28	-
3-		201201		04	11	120

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and a

To respond accurately to your recent inquiry, we will need the answer to ALL of the following to determine your qualifications toward Arizona licensure. Return the completed form us quickly as possible to: BOARD OF MEDICAL EXAMINERS. 3060 N. 19th Ave., Suite 300. Phoenix. Arizona 85015.

Current Office Address	DAVID HARRIS ORENSTEIN, M.).
	The transfer are
City: PLAINFIEL	Area Code: 201 State: NJ Zip Code: 07060 Phone: 754 74
Current Residence Addr	ess:
City:	State:Zip Code:Phone:
MEDICAL SCHOOL: Name:	FREE UNIVERSITY OF BRUSSELS SCHOOL OF MEDICINE
Location: City &	State: BRUSSELS BELGIUM Date of Degree: JUNE 1976
CLINICAL CLERKSHIP (5	th Pathway Program) HOSPITAL
	ADDRESS:
Term: Started:	Completed:
INTERNSHIP: (U.S. & C.	(Month and Year) anadian ONLY) Name of Hospital: MUHLENBERG Hospital
Term: Started:	ADDRESS: PARK AVE. PLAINFIELD NJ 07061
PECIDENCY. (U.S. 1.0.	(Month and Year) Completed: TUNE (Month and Year)
Coulci (U.S. & Car	hadian UNLY) Name of Hospital: CMDNT - KUTGERS MEDICA
	HOSPITALS ADDRESS: UNIVERSITY HOIGHTS, PISCATAWAY, NIT
Term: Started:	TULY 1977 Completed: JUNE 1980 (Month and Year) (Month and Year)
Specialty Field:	08-647-
	educational requirements for any of the American medical specialty
LICENSES: List All of	
1 JEN V. 01 2 1	the States or Provinces in which you have ever held licensure:
1. NEW YORK 2. NE	EW JERSEY 3. 4. 5.
1. NEW YORK 2. NE	the National Board of Medical Examiners (NBME)? No (Yes or No) (Date Issued
Are you a Diplomate of	the National Board of Medical Examiners (NBME)? No (Yes or No) (Date Issued the Licensing Medical Council of Canada (LMCC)? No (Date Issued (Yes or No))
Are you a Diplomate of Are you a Diplomate of Give name of State (or	the National Board of Medical Examiners (NBME)? No (Yes or No) (Date Issued the Licensing Medical Council of Canada (LMCC)?
Are you a Diplomate of Are you a Diplomate of Give name of State (or certificate or license	the National Board of Medical Examiners (NBME)? NBME or LMCC): exact data of issuesses 1. 5. 4. 5. (Yes or No) (Date Issued (LMCC)? NBME or LMCC): exact data of issuesses 1.
Are you a Diplomate of Are you a Diplomate of Give name of State (or certificate or license	the National Board of Medical Examiners (NBME)? (Yes or No) (Date Issued the Licensing Medical Council of Canada (LMCC)? (Yes or No) (Date Issued Yes or No) (Date Issued Substitution of Canada (LMCC); LMCC); exact date of issuance and number, of most recent issued following complete Clinical WRITTEN EXAMINATION: (CC: NEW TERSEY Certificate No. 34 89 3 Issued: 6/21/21
Are you a Diplomate of Are you a Diplomate of Give name of State (or certificate or license State; NBME; or LM Was this a FLEX examina	the National Board of Medical Examiners (NBME)? No (Yes or No) (Date Issued the Licensing Medical Council of Canada (LMCC)? No (Yes or No) (Date Issued (Yes or No) (Date Issued (Yes or No) (Date Issued (Yes or No)) (Date Issue
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Are you a Diplomate of Are you a Diplomate of Give name of State (or certificate or license State; NBME; or LM Was this a FLEX examina If Yes, was FLEX weight CITIZENSHIP: (B	the National Board of Medical Examiners (NBME)?

JUN 2 6 1984

All your hospital a listing locations:			live years (other	er than training	hospitals),
(NOTE: If more th	in three hos	spitals, attach	separate listin	ng.)	
PRACTICE: List Ci	ty & State W	Where You Pract	ice: PLAINFI	ELD , NEW J.	PRSEY
Date Pr	ictice Above	Was Establish	ned: JULY 19	180	
FOREIGN MEDICAL SCHOOL GRADUATES:	ECFMG Certi	ificate No. 23	33 - 883-8	Date Issued:	8-17-77
STATE OR COUNTY ME	DICAL SOCIET	TIES, current o	or past Membersh	ips:	
SIGNATURE: Sign N	ame:	David t	Jamis Opens	fei.	, M.D.
Date: June	. 19	, 19 84			
()					

REGULAR LICENSURE

Regular licenses to practice medicine in Arizona may be offered through Written Examination OR Endorsement OR Endorsement with Oral Examination, the applicant being qualified for the method of entrance by education, post-graduate education, experience or practice to the extent required by Arizona statutes.

WRITTEN EXAMINATION

Arizona offers the FLEX examinations to qualified candidates. (NOTE: Arizona accepts other domestic licenses as a result of FLEX examinations for endorsement purposes; however, we cannot present the FLEX examinations for other jurisdictions nor permit Arizona candidates to partake of the FLEX examinations elsewhere.)

ENDORSEMENT and/or ORAL EXAMINATION

Endorsement is offered to otherwise eligible applicants upon a license or certificate issued by any of these United States, its Territories, the District of Columbia, the National Board of Medical Examiners or the Licensing Medical Council of Canada, issued as a result of a WRITTEN EXAMINATION, such license or certificate being <u>current and in good standing</u>. If said license or certificate was issued more than fifteen years preceding the application, the applicant MUST submit to Oral Examination in his specialty practice.

NOTE: If requesting endorsement through a license received as the result of FLEX examination, the FLEX weighted average of 75% MUST HAVE BEEN OBTAINED AT ONE (1) SITTING. Other state licenses issued as the result-of combined FLEX-scores will-NOT be accepted for endorsement purposes.

(ARIZONA DOES NOT OFFER ENDORSEMENT OF PROVINCIAL LICENSES)

Bev. 7/24/82

(TUMBLE)

ORENSTEIN, DAVID H.

THIS IS NOT AN APPLICATION FOR LICENSE

To respond accurately to your recent inquiry, we will need the answer to ALL of the following to determine your qualifications toward Arizona licensure. Return the completed form as quickly as possible to: BOARD OF MEDICAL EXAMINERS, 810 W. Bethany Home Road, Phoenix, Arizona 85013.

	NSTEIN
Current Office Address: MUHLENBER G HosPit	
city: YLAWFIELD State: No	Area Code: 201 Zip Code: 07061 Phone: 668 2000
durrent Residence Address:	1000
ity:State:	Zip Code: Phone:
EDICAL SCHOOL: Name: FREE UNIVERSITY OF	BRUSSELS SCHOOL OF MEDICINE
Location: City & State: BUSSELS	BELGIUM Date of Degree: JUNE 1976
LINICAL CLERKSHIP (5th Pathway Program) HOSP	
ADDRESS:	
Term: Started:	Completed:
NTERNSHIP: (U.S. & Canadian ONLY) Name of Ho	A second
	PLAINFIELD NI 07061
Term: Started:	
ESIDENCY: (U.S. & Canadian ONLY) Name of Ho	V-X
I - KUTGERS MEDICAL SCHOOL ADDRESS: UN	
Term: Started: Joly 1, 1977	Completed: IUNE 30, 1980 (expected)
Specialty Field: OB/GYN	1
(NOTE: If more than one hospital for Intern	ship or Residency, attach separate listing.)
re you a Diplomate of any of the American med	ical specialty boards? Which? -
ave you completed the educational requirement oards? Which? —	s for any of the <u>American</u> medical specialty
ICENSES: List ALL of the States or Provinces	in which you have ever held licensure:
. NEW YORK 2. NEW JERSEY 3.	4. 5.
re you a Diplomate of the National Board of M	edical Examiners? No
	(Yes or No) (Date Issued)
re you a Diplomate of the Licensing Medical C	
	(Yes or No) (Date Issued)
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ive name of State (or NBME or LMCC); exact da	(Yes or No) (Date Issued) te of issuance and number, of most recent te Clinical WRITTEN EXAMINATION:
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	9 7		
(NOTE: If more than three hospitals, att		ag.)	
Date Practice Above Was Establ			
FOREIGN MEDICAL SCHOOL GRADUATES: ECFMG Certificate No.	233-883-8	Date Issued:	1/22/75
State or County Medical Societies, curren			

REGULAR LICENSURE

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(ARIZONA DOES NOT OFFER ENDORSEMENT OF PROVINCIAL LICENSES)

new links:

FORM II

ENDORSEMENT CERTIFICATION

(This section with a current photograph of the applicant shall be forwarded to and completed by the office of the Secretary of the Medical Board located in the United States; the Medical Council of Canada; or the National Board of Medical Examiners and issuing the license or certificate upon which endorsement is sought, who shall answer the following:) of the (Name) (Title) (Agency) certify that a license to practice Medicine and Surgery No. _ of the Medical Council of Canada or of The National Board of Examiners was issued to _ whose photograph is attached hereto, based on a written examination, and that such license or certificate is valid, current and has never been revoked or suspended. I also certify that Dr. _ was examined by written examination in the following subjects and received the following grades. Date of Examination _ Subject Grade Subject Grade Subject Grade If FLEX Examination, please also indicate the following averages: Clinical Science Clinical Competence FLEX Weighted_ I further certify that this State Board or Medical Council has never taken disciplinary action against Dr. _ and that insofar as this Board or Council has knowledge of h personal conduct and professional reputation, Dr. _ is worthy to receive endorsement for license to practice medicine and surgery in the State of Arizona. In the event disciplinary action has been taken please give details, charges, actions taken and status report to date, on reverse hereof. (Seal) (Signature) OGT. 1 1984 (Title) (Date) (Agency)

*NOTE TO BOARD CERTIFYING THE ABOVE:

THE ABOVE CERTIFICATION IS TO BE COMPLETED BY YOUR BOARD ONLY IF THE APPLICANT HAS RECEIVED THE LICENSE OR CERTIFICATE AFTER HAVING TAKEN YOUR BOARD'S WRITTEN EXAMINATION.

(Address)

IF THE LICENSE HAS BEEN OBTAINED BY RECIPROCITY OR ENDORSEMENT, DO NOT CERTIFY THE ABOVE.

The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.



THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC. 2630 WEST FREEWAY, #138, FORT WORTH, TEXAS 76102-7199

ARIZONA TO:

SUBJECT: FLEX Examination Grades For: ORENSTEIN, DAVID H.



It is certified that the named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following grades.

EXAMINATION DATE	12/77 133 - Neu York 00994
BASIC SCIENCE Anatomy	75 76
Pharmacology	71.30
CLINICAL SCIENCE Medicine	79 93 90 83 79 75
CLINICAL SCIENCE AVERAGE	81.50
CLINICAL COMPETENCE AVERAGE	82.70
FLEX WEIGHTED AVERAGE	80.40

BOMEX

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

CATHSHA

EXECUTIVE VICE PRESIDENT

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Date: January 2, 1985

Re: License through Endorsement

David H. Orenstein, M.D.

Dear Doctor:

Congratulations! Your certificate to practice medicine in Arizona, License No.15128 issued on JANUARY 2, 1985 is enclosed with your pocket registration card for the current year.

Please be advised that ANNUAL REREGISTRATION is mandatory on a calendar-year basis, with notices generally being mailed to your address of record on or about November 1, each year. IT IS YOUR RESPONSIBILITY TO KEEP US INFORMED OF ADDRESS CHANGES (both office and residence). Failure to reregister will result in statutory expiration of this license.

It is also the responsibility of all licentiates in practice in Arizona to report directly to the Board of Medical Examiners any misconduct, unprofessional conduct or medical incompetence on the part of your colleagues which may come to your attention. Failure to do so is actionable against your license to practice.

You will receive a copy of the Medical Directory, published yearly by this Board, which contains the Arizona Medical Practice Act. We suggest that you familiarize yourself with such prior to establishing your practice in Arizona.

Enclosed for your information is that part of the Arizona Medical Practice Act which relates to Unprofessional Conduct, together with Continuing Medical Education for annual reregistration and Prescription Blank requirements.

Please feel free to contact this office in the event that you have questions of any kind, at any time.

Cordially,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

Douglas N. Cerf, Executive Director

DNC:ce

Encs. 4

P.S. Returned herewith is your voucher #389 in the amount of \$100.00 which is not required.



FROM THE DESK OF

DAVID H. ORENSTEIN, M. D. 1010 PARK AVENUE PLAINFIELD, N. J. 07060

TELEPHONE 754-7400

Dear Sire:

Please find enclosed my registration

Card and chill for \$100. As per your

letter, please withhold issuance of

my license until after Jameny 19, 1985

Thank you

Mensyl mi

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

DATE: October 29, 1984

RE: License through Endorsement

TO: David Harris Orenstein, M.D.

Dear Doctor:

Congratulations! Your application for a license to practice medicine in Arizona has been approved and authorized for issuance.

Arizona statutes provide for an initial registration of each licentiate and the certificate of license may not be issued until this is in hand.

Please complete the enclosed card, in every detail, and return it to the Arizona Board of Medical Examiners, 5060 North 19th Avenue, Suite 300, Phoenix, Arizona 85015.

PLEASE NOTE: Arizona statutes further provide that each licentiate is required to renew such registration on January 1 of each year, establishing the fee from \$20.00 to \$150.00 at the discretion of the Board. The 1985 registration fee is established at \$100.00. Failure to pay the reregistration fee by February 1 of each year carries a penalty of \$150.00, and failure to pay the fees and penalties by May 1, requires the licentiate to show cause why his/her license should not be expired.

IN THE EVENT YOU WISH ISSUANCE OF YOUR LICENSE TO BE WITHHELD UNTIL AFTER JANUARY 1, 1985, RESULTING IN A SAVINGS OF \$100.00, THE ENCLOSED CARD CAN BE SUBMITTED IN DECEMBER, TOGETHER WITH YOUR INSTRUCTIONS PERTAINING THERETO.

The Board publishes an annual directory of all its licentiates, which is distributed about October of each year. The information for this publication is taken from the registration card which you complete. Home addresses and telephone numbers are not published, unless this is the only address which you provide. If you anticipate a move before that date, please indicate your new address(es) with effective date as well as your current address(es).

Cordially,

ECARD OF MEDICAL EXAMINERS STATE OF ARIZONA

Encs. 3





Executive Director
Douglas N. Cerf
Assoc. Executive Director
David O. Landrith

Manager, Licensure Dept. Carol Emminger

Telephone (602) 255-3751 THE ARIZONA BOARD OF MEDICAL EXAMINERS

5060 north 19th avenue, suite 300 . phoenix, arizona 85015

October 16, 1984

Re: David Harris Orenstein, M.D. License through Endorsement

David H. Orenstein, M.D.

Dear Doctor:

This will acknowledge receipt of your application for a license to practice medicine in Arizona through endorsement. Our receipt number A-019332 covering your fee deposit of \$250.00 is enclosed, with a schedule of examination dates and filing deadlines, if applicable.

To complete our processing of your application, we need to receive the following:

Hospital Affiliation form from Overlook Hospital, Summit, New Jersey was returned for Hospital Seal

THE ARIZONA BOARD OF MEDICAL EXAMINERS

October 16, 1984 _ 2 . David Harris Orenstein, M.D.

Continued:

NOTE: FINAL ACTION ON YOUR APPLICATION CANNOT BE TAKEN UNTIL ALL THESE RESPONSES ARE IN YOUR FILE OF RECORD, WHICH IS YOUR RESPONSIBILITY.

APPLICATIONS NOT FULLY COMPLETED WITHIN ONE YEAR FROM THIS DATE, INCLUDING PARTICIPATION IN WRITTEN OR ORAL EXAMINATIONS, IF APPLICABLE, ARE CONSIDERED WITHDRAWN.

Your application is being processed routinely and you will be advised in due course as to the Board's decision relative to the granting of an Arizona license. Do not hesitate to contact this office if you have question.

Cordially,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

(Mrs.) Carol Emminger, Licensure Secretary

CE: 1s

Encs. 1

Date: October 16, 1984

David Harris Orenstein, M.D. License through Endorsement

Nancy F. Casillo, Med. Staff Coordinator OVERLOOK HOSPITAL Summit, New Jersey 07901

	f:	com	David Harris	Orenstein,
Would you kindly affix	the SEA	L of th	e hospital	
and return the same to	this off	ice at	an early dat	.e.

(Mrs.) Carol Emminger Manager, Licensure Department

BOARD OF MEDICAL EXAMINERS

STATE OF ARIZONA

CE: js

Enc. 1

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

	David H. Ovensh. M.D. (Signature)					
	이 이 나이와 기를 바다고 하는데 하는데 모든 기를 되었다.					
	AND HARRIS ORENSTEIN M.D.					
Address:	1					
	TACH7					
 to the Perinatal Intensive Care Unit and For how long? <u>November 1981 to present</u>. 	the admission and care of high risk partic der supervision of the Dept. Chairman.					
Were any limitations imposed on such private	vileges?routine supervision only.					
If YES, please explain. Routine supervis	If YES, please explain. Routine supervision for this category of appointment is					
imposed for the duration of the individua	al's appointment.					
4. Were staff privileges ever removed or re-	stricted? No.					
If YES, please explain.						
	BOMEX					
Derogatory Information, if any	00T 1 1984					
Comments, if any						
Chief of Staff: Anthony Passannante, M.D.	14					
Hospital Name: St. Peter's Medical Center						
Address:254 Easton Avenue, New Brunswick,	, N. J. VOAU3					
Date: Sentember to 1084						
Signature: September 19 1984	2 2					
Jeginature. of Junio 2						
Antalas was saunada a						

(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL) (If none, so indicate)

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite +

	PHOENIX, ARIZONA 85015. Your early response is appreciated.
	David H. Chenski M.D. (Signature)
	Name: DAVID HARRIS ORENSTEIN M.D.
	Address:
33	
	(DO NOT DETACH)
1.	What privileges were extended to the applicant?
	Obstetrics-Supervised and Gynecology-Supervised
2.	For how long? 10/22/81 to present
4	If YES, please explain. (In Ob-Gyn Dept., all provisional members must do 25 ob and 25 gyn cases with supervision before full privileges are granted. Laparoscopy is a separatue privileges. Six cases are required for this procedure). Were staff privileges ever removed or restricted? No If YES, please explain. gatory Information, if any None
Comn	ents, if any <u>Dr. Orenstein only has 8 supervised cases in his dossier and, to</u>
Sa Ch *s	tisfactory. There are no gyn cases in my records. I think Dr. Orenstein's group acticed at Muhlenberg Hospital more than at Overlook. Exaga x & x x & x x x x x x x x x x x x x x
Sa p Chis Hosp	tisfactory. There are no gyn cases in my records. I think Dr. Orenstein's group acticed at Muhlenberg Hospital more than at Overlook.
Sa p Chis Hosp	tisfactory. There are no gyn cases in my records. I think Dr. Orenstein's group acticed at Muhlenberg Hospital more than at Overlook. Exagxizizizi Name: OVERLOOK HOSPITALI
Sa p Chis Hosp	tisfactory. There are no gyn cases in my records. I think Dr. Orenstein's group acticed at Muhlenberg Hospital more than at Overlook. **Exagrafic Responsible Coordinator Overlook Hospital Name: Overlook Hospital Overlook

SEP 1 8 1984 BOMEX

OCT 2 2 1984

(e)

VERIFICATION OF LICENSURE



83

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

Medical Board requires this form to be or have ever held licensure. This is in your files, favorable or otherwise STATE OF ARIZONA, 5060 N. 19th Ave., Your early response is appreciated.	e medicine in the State of Arizona, the per completed by each state wherein I hold by your authority to release any information e, direct to the BOARD OF MEDICAL EXAMINERS, Suite 300, PHOENIX, ARIZONA 85015. M.D. (Signature) M.D. (Signature) M.D.
Add	dress:
My	license number is: 34893
DO_NOT_DETACH	
프로그램 프로그램 이 아이들은 아이를 보고 있다. 	FICIAL OF THE STATE BOARD AND RETURNED
DIRECTLY TO THE ARIZONA BOARD OF MEDIC	
State of: New Jersey	
Full Name of Licensee: David H. Or	renstein M.D.
Graduate of: Free University of	Brussels, Belgium
License No.: 34893	Issue date: 6/21/78
By: Endorsement/Reciprocity with Fle	x Endorsement
By: Your State Board's Written Examina	
License is current? Yes	
Has license been suspended or revoked?	No II ies, why?
	a A TE UPO IN 12
Has licentiate ever been on probation	No LE YES, Why!
Has licentiate ever been requested to	appear before your Board? No
	appear before your board:
If YES, Why?	
Derogatory information, if any No	one .
Comments, if an None	
	Exercise of the Control of the Contr
BOMEX	00 0 01
Sign	med: 1 Charles Churush
SEP 1 7 1984	Le: Executive Secretary

BOARD SEAL

Date: \$6/84

State Board of Medical Examiners

HOSPITAL AFFILIATION

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			David	Hanis Chen	15th	M.D.
				gnature)	18	
		Name:	DAVID H	ARRIS ORENS	STEIN	_ M.D.
		Addre	ss:			
		<u>(DO</u>	NOT DETACH)			
		ere extended to t		Active Staff	f, Departme	nt
2. For l	how long?	une 1980 to June	30, 1981			
		ons imposed on su				
	staff privile	eges ever removed	or restricted			
Derogato	ry Information	n, if any				
Comments his	, if any Was	s highly recommen our Department of	ded for staff p OB/GYN, and be	rivileges afte coming Chief I	er serving Resident in	1980.
Chief of	Staff: Robo	ert J. Robinson,	M.D.			
Hospital Address:	D	rsity of Medicine an Valley Hospita	8 Dentistry of 1 - Green Bro	New Jersey, look, N. J.	Rutgers Med	Ical School
Date:	began with M	ey Hospital was c iddlesex General-	losed in the sp University Hosp	oring of 1981 oital in New B	when affili runswick, N	ation .J.)
9/1 Signatur	0/84 / Chu	NJ. Kolem	m.D.		-	
	* :	(PLEASE USE REV	VERSE SIDE FOR	COMMENTS)	The second second second second second	HOSPITAL)

SEP 171984

There was no hospital seal.

AUG 3 0 1984

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical BoardHIEF OF STAFF requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

BOMEX			(Sign	Mens Yen ature)	M.D
SEP 1'0 1984		Name:	DAVID H	ARRIS ORENSTEIN	M.D
	- 7	Address:			
			TACH)		
	ges were extende privileges in OB			ppointed to staff 6/ on on 7/28/80	23/80
2. For how long	? ro present				
3. Were any lim	itations imposed	on such pri	vileges? _	no	
If YES, plea	se explain			41	
	rivileges ever n	emoved or re	estricted?	no	
Derogatory Infor	mation, if any _	none			
Comments, if any					
Comments, if any	110007	Hulse, M.D.			
Comments, if any Chief of Staff:	Frances M.	Hulse, M.D.			
Comments, if any Chief of Staff: Hospital Name:	Frances M. Muhlenberg			BOMEX	
	Frances M. Muhlenberg Park Avenue	Hospital		BOMEX SEP 1 0 1984	

(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL)
(If none, so indicate)
no seal

HOSPITAL STAFF APPOINTMENTS

Muhlenberg Hospital Plainfield, N.J. Active Staff June, 1980

Raritan Valley Hospital Greenbrook, N.J. Active Staff June, 1980

St. Peter's Medical Center New Brunswick, N.J. Courtesy Staff September, 1981

Overlook Hospital Summit, N.J. October, 1981

BOMEX

JUN 26 1984

David H. Orenstein, M.D.

Avizona Board of medical Examines 810 W. Bothamy Home Rd. Phoenix, Avizona June 4, 1984

RECEIVED

JUN 0 8 1984

MEDICAL ASSOCIATION

Dear sirs:

Please send me an application

for a license to practice Medicine

through Endorsement. Thank you

for your prompt attention.

Respertfully, David H. Orenster Md

CHENSTEIN, CEVID Y.

David H. Orenstein, M.D.

ORENSTEIN OAVIO HI

29 October 1979

Asizona State Board of Medical Examiners Phoenix, Asizona

Dear Sis:

Jam currently looking at practice
opportunities in Arizona. I hold licenses
to practice medicine in new York State and
hew Jersey, and an interested in applying for
an Arizona license. Please send me
an application for licensure by
and good sement. Thank you for
John after tion.

John after tion.

John APPLICATION FORNARDED

TEXAM APPLICATION FORNARDED

TO THE Specification,

Make checks or money orders payable to ARIZONA MEDICAL BOARD.

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PAYMENT CARD AUTHORIZATION FORM

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David Harris Openshi mid

Date: 4-27-0

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8545 E. Doubletree Rench Road . Scottsdale, Arlzona 85258 Telephone: (480) 551-2761 . Fax (480) 55 Home Page: http://www.azmdboard.org

18phone: (480) 551-2761 . Fax (480) 551-2704 EUVE

DISPENSING PHYSICIAN INITIAL REGISTRATION AN  ** Please Type or Print **	D ANNUAL RE	NEWAL FORM
** Please Type or Print **		UU AUG 2 0 2004
TALLS II Frank		-

PHYSICIAN NAME: DAVID H. CRENSTEIN BY

LICENSE #: 15128

SPECIALTY: 08/6XN

CHECK ONE:

Initial Registration (\$200) odd

Schedule V Drugs

Renewal Registration (\$100)

Please list below ALL locations where you will be dispensing presoription drugs, devices and controlled substances.

For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

A separate DEA license must be submitted for EAC	LEASE NOTE  Hiocation where convolled substances will be during the registration period	e dispensed and must be
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1.80 1/23 - Phone Number	Fax Number	E Mall

Schedule IV Drugs Schedule V Drugs Prescription Devices

ADDITIONAL PRACTICE LOCATION:

Street Address

City/State/Zip Code

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City/State/Zip Code

E Mail

Schedule II Drugs

Schedule III Drugs

Prescription-Only Drugs

Nubain

List any additional locations of mall eversal and obtains form and place are been park here:

Physician's Signature: __

Schedule IV Drugs

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Prescription Devices

8-20-04

initial registration fee: \$200.00 per physician Renewal registration fee: \$100.00 per physician

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ARIZONA MEDICAL BUARD

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DISPENSING	PHYSICIAN INITIAL	REGISTRATION	AND ANNUAL	RENEWAL	FORM
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LICENSE #:	5128	_	SPECIALTY:	013	3/6YN	
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9545 E. Doubletree Ranch Road , Scottsdale, Arizona 85258 Telephone: (480) 551-2761 Fax (480) 551-2762 Home Page: http://www.azmdboard.org

#### DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print ** PHYSICIAN NAME: David Orenstein, MD AUG 1 1 2005 SPECIALTY: OB GYN LICENSE #: 15128 CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100) Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. Include a copy of your DEA license If you are requesting dispensing of controlled substances at any location. submitted for EACH ocation where controlled substances will be dispensed and mustibe kept comen bouning the registration penod PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street, Address City/State/Zip Code bubletr Phone Number Fax Number E Mail 012 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 85041 Phone Number Fax Number E Mail 2 235 -604-0159 Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Nubain Schedule IV Drugs Schedule V Drugs Prescription Devices List any addutional locations on the reverse side of this form and place a checkmark here. 6-24-05 Physician's Signature: Initial registration fee: \$200.00 per physician Renewal registration fee: \$100.00 per physician Makerchecks dirmaney orders payable to ARIZONA MEDICAL BOARD

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

For your convenience, we accept payments by Visa or Master Card-

ADDITIONAL PRACT	ICE LOCATION:		DEA # FOR THIS LOCAT	ION:		
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## ARIZONA MEDICAL BUAKU

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# DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANN ** Please Type or Print **

DISPENSING PHYOIS	** Pleas	e Type o	r Print ""		JUN 2 2 20	06
YSICIAN NAME: David H. Ore	nstein, MD		ALTY: OB/GY	۸/	DICAL	BOARD
		SPECI	ALTY: 06/67	ARIZL	NA IVECC OPER	ATIONS
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Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 Home Page: http://www.azmdboard.org

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

PHYSICIAN NAME:	DAVID H.	Oren ste				
LICENSE #: 15	128		CIALTY: 0B	LOYAL		<u></u>
LIOUNGE II.	() A Soti Aug	I lagaz	+74-12	70,77		
CHECK ONE:	Initial Registration (\$200)		enewal Registr	ation (\$100)		
Please list below AL     For each location in	L locations where you will be displace a check mark next to the de-	pensing prescription	drugs, devices an	d controlled s	ubstances.	
• Include a copy of yo	ur DEA license if you are request	ling dispensing of co	ntolled substance	s at any locat	enseo nom in ion.	iat iocation
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PRIMARY PRACTICE		DEA# FOR	THIS LOCATIO			
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	Phone Number	F	ax Number		E Mail	<u></u>
Schedule II Drugs	Schedule III Drugs	Prescription	on-Only Drugs	Nubai	7	
Schedule IV Drugs	Schedule V Drugs	Prescription	n Devices			
ADDITIONAL PRACTI	Ireat Address		THIS LOCATION	tate/Zip Code		
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602- 277- 5 Schedu e II Drugs	hone Number 1526 X Schedule III Drugs	K Prescriptio	x Number 604-015 n-Only Drugs	, , ,		<u> </u>
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9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: http://www.azmd.gov

DISPENSING PHY	SIC	AN	ANNUAL	RENEWAL FORM

	7	T16896 1	Abe of Little			
PHYSICIAN NAME: _	DAVID	HARRIS (	DRENSTEIN	<u></u>	MD	
LICENSE#: /	5128	_			W # W	JUN 1 9 2008
Renewal Registra	tion FEE (\$156	0) If received	d by June 30,	2008	OB.	
A separate DEA	license must be s lispensed and mu	submitted for	SE NOTE EACH location Irrent during the	n where cor	ntrolled substa	nces will be
Place a check ma locations. (Certific	ark next to desc	ription belo	w of all item	e which w		sed from all
Schedule II Drugs	Schedule III Dr	rugs 🗸	Prescription-Or	nly Drugs	Nubain	
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Your certificate w not submitted for	ill be issued for each location.	Prescription			es if a <u>DEA re</u>	gistration is
PRIMARY PRACTICE						
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			11-30-20	06	12-31-2	eng /
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DEA# for this location (	Attach Copy of DEA)		Issued Date		Expiration Dat	te
Physician's Signature:	Dan	J.H. Omo	k'no	Date: _	5/20/08	
Renewal registration	on fee: \$150,00 pe	r physician			dom 187	Def
For	Make checks or mor	ney orders pay	able to ARIZON	A MEDICAL E	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



06-19-108 11:49 FROM-PLANNED  Physician Name		T-365 P003/010 F-987
ADDITIONAL PRACTICE LOCATION:		
1250 E. APACHES	VITE 108 TEMPE AZ	85281 480-967-9414 Phone#
Street Address	City, State, Zip Code	Phone #
DEA # for this location (Attach Copy of DEA	11-30-2001	5 12-31-2009 √ Expiration Date
DEA # 101 tills location (Attach Copy of DEA	lssued Date	Expiration Date
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	City, State, Zip Code	Phone #
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ADDITIONAL PRACTICE LOCATION:		
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140 N. Litch Field Rd + Street Address	City, State, Zip Code	
		Phone #
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ADDITIONAL PRACTICE LOCATION:		
The state of the s		
Street Address	City, State, Zip Code	Phone #

Issued Date

Expiration Date

DEA # for this location (Attach Copy of DEA)

\$545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 851-2761 . Fax (480) 851-2704 Home Page: http://www.azmd.gov

# DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

JUN 092009

PHYSICIAN NAME: David Harris Orenstein, MD

MO LICENSE #: 15128

OB/GYAZ MEDICAL BOARD

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

- Continu 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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140 N LITCHFIELD RD STE 100 GOODYEAR, AZ 85338	

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

Dispensing location information correct

☑ Copy of DEA attached ☐ Remove this location

4417 N 7TH AVE PHOENIX, AZ 85012

> 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

Dispensing location information correct

06-09-'09 09:14 FROM-PLANNED PARENTHOOD 60260\$0159 T-094 P008/014 F-131

Physician's Signature:

| Description | Physician's Signature | Physician's Physician's Signature | Physician's P



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 **

	** Please Type or Print **		THE PERSON NAMED IN
PHYSICIAN NAME: David Harris Orenstein, MD			RECEIVE
MD LICENSE #: 15128	SPECIALTY:	08/617	MAY 2 5 2019
Renewal Registration (\$150) (Renewal &	fee must come together postm	arked or faxed by 6/30	DAZ MEDICAL BOARD
<ul> <li>Confirm ALL locations below where you will be dis (For each location, place a check mark to verify ad Include a copy of your DEA license if you are required.)</li> <li>Blank form attached to add additional locations</li> </ul>	pensing prescription drugs, devices dress and schedule of drugs dispe	s and controlled substance used from each location a	₿S.
	No.		· · · · · · · · · · · · · · · · · · ·
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/	7031 E DOUBLETREE RANCH RD PARADISE VALLEY, AZ 85253		
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	0 11 11				
Physician's Signature:	David H. Ohne L' ms	Date:	5/11	10	

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N.4.5.	PRACTITIONER	12-23-2009
ORENSTEIN, I PPCNA 4417 N. 7TH A PHOENIX, AZ	VE.	

CONTROLLED SUBSTANCE/REGULATED CHEMICAL 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.

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

REPORT **CHANGES** PROMPTLY:

#### REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

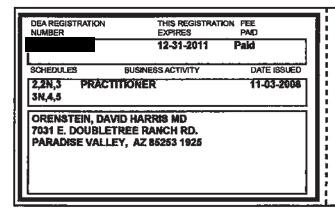
To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

- 1. visit our web site at deadiversion.usdoj.gov or 2. cali our customer Service Center at 1-(800) 882-9539 or

call our customer Service Center at 1-(200) 622-3333 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.

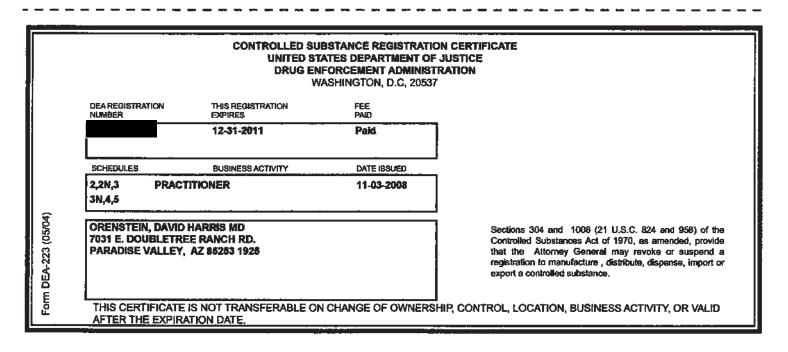
You have been registered to handle the following chemical/drug codes:



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 CHANGE OF CHANGE, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.



☐ Dispensing location information correct

4804830127

### ARIZONA MEDICAL BOARD

9645 E. Doubletree Ranch Road . Scottadale, Arizona 85268 Telephone: (480) 551-2700 . Fax (480) 551-2704 Website: www.azmd.gov

### DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

JUN 2 1 2011

	** Please Type or Print **		3011 -
PHYSICIAN NAME: David Harris Orenstein, ME		, A	Z MEDICAL BOAR
MD LICENSE #: 15128	SPECIALTY:	OB/GYN	Z MEDICAL BOAR
Renewal Registration (\$150) (Renewal 8	k fee must come together postr		
Confirm ALL locations below where you will be di (For each location, place a chack mark to verify a Include a copy of your DEA license if you are req Blank form attached to add additional locations	ddress and schedule of drugs disne	ensed from each location ar	s. e correct)
	kip adalah perbenasah		
140 N LITCHFIELD RD STE 100 GOODYEAR, AZ 85338			
Prescription Only Drugs Prescription Devices			
Dispensing location information correct	☐ Copy of DEA attached	Remove this locat	іоп
1417 N 7TH AVE PHOENIX, AZ 85012			
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs			
lubain Prescription Only Drugs Prescription Devices			
Dispensing location information correct	☐ Copy of DEA attached	Remove this locati	on
250 E APACHE #108 ÉMPE, AZ 85281			
Prescription Only Drugs Prescription Devices			

☐ Copy of DEA attached ☐ Remove this location



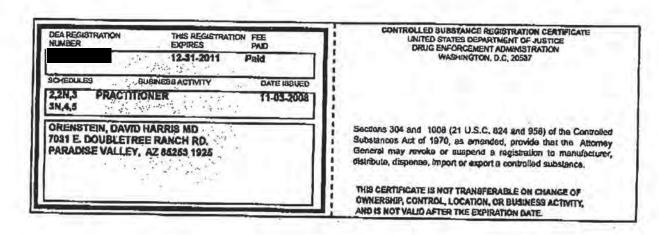
Physician's Signature:

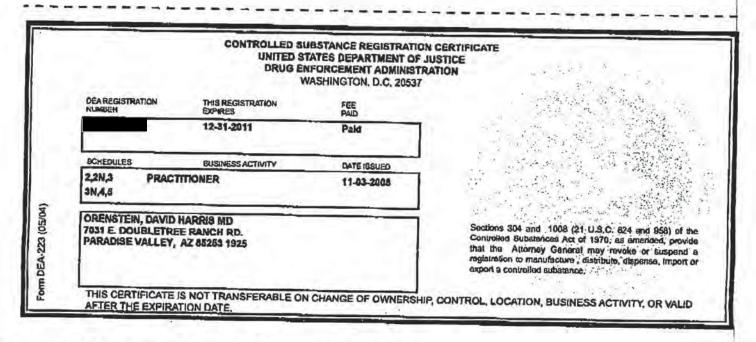
8822 N 43RD AVE GLENDALE, AZ 85302			
Prescription Only Drugs Prescription Devices			
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Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Schedule V Drugs Nubain Prescription Only Drugs Prescription Devices			
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5651 N 7TH ST PHOENIX, AZ 85014			
Prescription Only Drugs Prescription Devices			
Dispensing location information correct	0	Copy of DEA attached	Remove this location
Physician's Signature:	4- 1	Mensk ms	Date:6/21/2011

ORENSTEIN

DEA Certificate

Page 1 of 1





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 MEDICAL BOARD

** Please Type or Print **

PHYSICIAN NAME: David Harris Orenstein, MD

MD LICENSE #: 15128

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

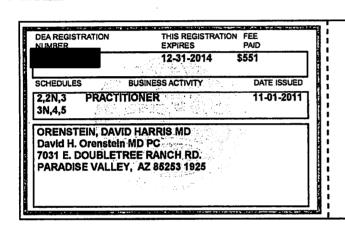
A separate DEA license must be submitted for *EACH* location where **controlled substances** will be dispensed and must be kept current during the registration period

7031 E DOUBLETREE RANCH RD PARADISE VALLEY, AZ 85253

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

imes Dispensing location inform	ation correct	Copy of DEA attached	☐ Remove thi	s location	
Physician's Signature:		Menshi mo	Date:	5/21/2012	2

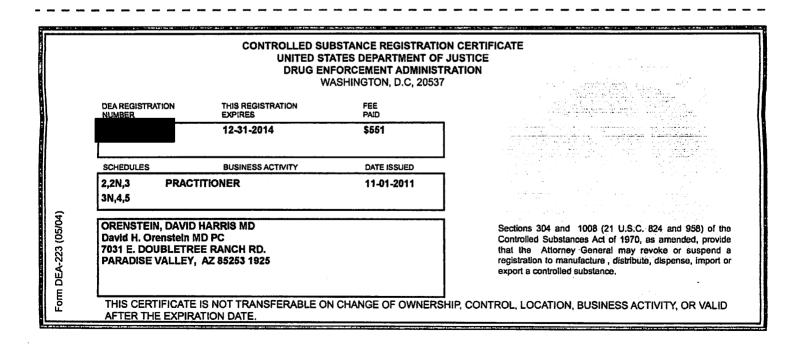




CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

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.



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#### DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print ** PHYSICIAN NAME: Dr. David Orenstein LICENSE #: 15128 SPECIALTY: Obstetrics & Gynecolog 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 **DEA# FOR THIS LOCATION:** PRIMARY PRACTICE LOCATION: Street Address City/State/Zip Code 5771 W. Eugie Glendale, AZ 85304 Phone Number Fax Number E Mail 623-934-7006 623-937-3014 X X Schedule II Drugs Schedule III Drugs **Prescription-Only Drugs** Nubain X X Schedule IV Drugs Schedule V Drugs **Prescription Devices** ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code 2255 N. Wyatt Dr. Tucson, AZ 85712 Phone Number Fax Number E Mail 520-624-1766 520-628-3069 X X Schedule III Drugs Schedule II Drugs **Prescription-Only Drugs** Nubain X X Schedule IV Drugs Schedule V Drugs **Prescription Devices** ***** List any additional locations on the 2 page of this form and place a check mark here:

Initial registration fee: \$200.00 per physician

Physician's Signature:

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



		LOCATION: Address		DEA # FOR THIS LOCATION City/S	tate/Zip Code
1250 E. Apache #108				Tempe, AZ 85281	
480-966-4728	Phone	e Number		Fax Number 480-921-8712	E Mail
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs	Nubain
Schedule IV Drugs	<u> </u>	Schedule V Drugs	X	Prescription Devices	
ADDITIONAL PRAC				DEA # FOR THIS LOCATI	
	Street	Address		City/S	tate/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 PRAC				DEA# FOR THIS LOCATI	
	Street	Address		City/St	ate/Zip Code
	Phone	Number		Fax Number	E Mail
Schedule II Drugs		Schedule III Drugs	$T^{-1}$	Prescription-Only Drugs	Nubain
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Schedule IV Drugs		Schedule V Drugs		Prescription Devices	
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		Address			ate/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 PRACT			·	DEA# FOR THIS LOCATION	
	Street	Address		City/Sta	ate/Zip Code
	Phone	Number		Fax Number	E Mail

**Prescription-Only Drugs** 

**Prescription Devices** 

Nubain

Schedule II Drugs

Schedule IV Drugs

Schedule III Drugs

Schedule V Drugs

Renewal registration fee: \$150.00 per physician

#### ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 Home Page: http://www.azmd.gov

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

LICENSE #: 15128			1	SPECIALTY: Obstetrics & Gynecology		
, For each location	ALL lo	a check mark next to the d	ispensin	Renewal Registr g prescription drugs, devices and ns of the prescription items which pensing of controlled substance	d controlled substances.	
A separate DEA	license	must be submitted for E be kept cun	ACH lo	ASE NOTE cation where controlled substing the registration period	ances will be dispensed and mus	
PRIMARY PRACTI		CATION:		DEA # FOR THIS LOCATI	ION:	
5771 W. Eugle		11.44.44		Glendale, AZ 85304	state/Zip Code	
<mark>62</mark> 3-934-7006	Phon	e Number		Fax Number 623-937-3014	E Mall	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices		
ADDITIONAL PRAC	TICE	LOCATION:		DEA # FOR THIS LOCATION	201	
255 N. Wyatt Dr.		Address			tate/Zip Code	
520-624-1766	Phone	e Number		Fax Number 520-628-3069	F Mail	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices		
List any ac		al locations on the 2 d	page of	this form and place a chec	k mark here: X	

Make checks or money orders payable to ARIZONA MEDICAL BOARD

Initial registration fee: \$200,00 per physician

For your convenience, we accept payments by Visa, MasterCard or American Express

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

ADDITIONAL PRAC				DEA # FOR THIS LOCATIO	ON:	
1250 E. Apache #108	Stree	t Address			tate/Zip Code	
480-966-4728	Phon	e Number		Fax Number 480-921-8712	E Mail	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	T
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices		-

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

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

Street Address		DEA # FOR THIS LOCATION: City/State/Zip Code	
Р	hone Number	Fax Number	E Mail
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	THE STATE OF THE S

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

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

ORENSTEIN, DAVID H MD 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-34-2015	\$731
SCHEDULES 1924	V. A BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012
ORENSTEIN PPAZ 2255 N WYATT TUCSON, AZ 8	DRS	

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, distributs, 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. 20597

NUMBER	· . EXPIRES	PAD	
	12-31-2015	\$731	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012	

THIS REGISTRATION

ORENSTEIN, DAVID H MD PPAZ 2255 N WYATT DR TUCSON, AZ 85712-0000

**DEA REGISTRATION** 

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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Form DEA-223 (4/07)

ORENSTEIN, DAVID H MD 5651 N 7TH ST PHOENIX, AZ 85014-0000-000

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DEA REGISTRA NUMBER	ATION THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY.	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER .	11-05-2012
PPAZ	IN DAVID H MD ACHE #108 Z 85281-0000	

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	
	12-31-2015	<b>\$73</b> 1	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012	

ORENSTEIN, DAVID H MD **PPAZ** 1250 E APACHE #108 TEMPE, AZ 85281-0000

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.

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Form DEA-223 (4/07)

ORENSTEIN, DAVID H PPAZ 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-91-2075	\$731
SCHEDULES	BUSINESSACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-01-2012
ORENSTEIN, DA	VID H	
5771 W, EUGIE GLENDALE, AZ	<b>'85304-0090</b>	

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

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NUMBER	<u>EXPIRES</u>	PAID
	12-31-2015	<b>\$</b> 731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-01-2012

THIS REGISTRATION

ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000

DEA REGISTRATION

Sections 804 and 4008 (21 USC 824 and 958) of the Controlled Substitutions Act of 1986, as amended, provide that the Attorney General may revoke or suspend a registration to maintracture, 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-223 (4/07)

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: David Harris Orenstein, MD

MD LICENSE #: 15128

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

2255 N Wyatt Dr Tucson, AZ 85712

Schedule II 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 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 IV Drugs Schedule V Drugs

Physician's Signature:

√ Dispensing location information correct

Copy of DEA attached

Remove this location

4/114/14

5-6-2016

**ORENSTEIN. DAVID H PPAZ** 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	<b>\$731</b>
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DA' PPAZ 5771 W. EUGIE GLENDALE, AZ 8		

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

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attornsy 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	PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,	PRACTITIONER	12-17-2015

ORENSTEIN, DAVID H **PPAZ 5771 W. EUGIE** GLENDALE, AZ 85304-0000

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Form DEA-223 (4/07)

3,3N,4,5,

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N,4.5.	PRACTITIONER	12-17-2015
ÖRENSTEIN, DAV PPAZ 5771 W. EUGIE		· · · · · · · · · · · · · · · · · · ·
GLENDALE, AZ 85	304-0000	

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

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

# 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

visit our web site at deadlversion.usdoj.gov - or
 call our customer Service Center at 1-(800) 882-9539 - or
 submit your change(e) in writing to:

Drug Enforcement Administration P.O. Box 26083 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.61 for complete instructions.

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

ORENSTEIN, DAVID H MD 5651 N 7TH ST PHOENIX, AZ 85014-0000-000

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DEA REGISTRATIO	N THIS REGISTRATION EXPIRES	FEE PAID	
	12-31-2018	\$731	
BCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015	
ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000			

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

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

OEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015

ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000

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.

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Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID		
	12-31-2018	<b>\$7</b> 31		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE		
2,2N,	PRACTITIONER	12-17-2015		
3N.4.5.				
ORENSTEIN, DAV	VID H MD			
1250 E APACHE #108				
TEMPE, AZ 85281	-0000			

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

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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

Drug Enforcement Administration P.O. Box 25083 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:



4751 N. 15th Street Phoenix, AZ 85014

Arizona Medical Board 9545 E. Donblothu Ranch Rd Scottsclab, Az 85258

JUN 2 8 2017

#### ARIZONAMEDICAT BOARD

#### ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road , Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 Home Page: http://www.azmd.gov

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

	5128	The state of the s		SPECIALTY: Obstetrics	,	man incomment the L.
CHECK ONE:	in	itial Registration (\$20)	0)	Renewal Registra	tion (\$150)√	
/ For each location	. place	a check mark next to the d	escription	g prescription drugs, devices and ns of the prescription items which pensing of controlled substances	will be dispensed from	that location
		-	PLEA	SE NOTE		
A separate DEA I	icense			cation where controlled substr ing the registration period	ances will be disponse	d and mus
w	man man (aborto	pa kept cur	rent dun	nd ma redisasami benon		
PRIMARY PRACTI				DEA# FOR THIS LOCATI	ON:	
1837 E. Basel	ine 1			Tempe, AZ 8529	iare/zip Gode	
602-200-21	Phon 29	e Number		Fax Number GG2-29 w - OIS4	5 5 5 - 2	
Schedule II Drugs	11	Schedule III Drugs	11	Prescription-Only Drugs	Nubain	
Schedule IV Orugs	1	Schodule V Drugs	14	Prescription Devices		
ADDITIONAL PRAC	TICE	OCATION:		DEA# FOR THIS LOCATIO	M:	
5771 W. Eva	A si			Glendale, AZ 86	ate/Zip Gode 30박	
407-200-2		: Number		Fax Number 402-296-0154	F7 ## - 9)	
Schedule II Drugs	1	Schedule III Drugs	V	Prescription-Only Drugs	Nubain	
Schedule IV Drugs	11	Schedule V Drugs	1	Prescription Devices		
than I let any ar	dillions	al locations on the 2 nd	nana ni	this form and place a chec	r mark hara-	1
mios city ou	enshing 1	1	hage or	and form and prace a chec	A INCHE INCHES	
	re:	Maril	and		6-27-17	

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





U.S. DEPARTMENT OF JUSTICE *



DRUG ENFORCEMENT ADMINISTRATION

#### ERSION CONTROL DIVISION

Registration Update Request Successfully Submitted.

Your Request has been successfully submitted. Thu Jun 22 16:35:02 EDT 2017

Internet Tracking number: Registration Control Number is:

WEI EIVED JUN 28 2017

ARIZONA MEDIC II BOARD

It is recommended that you use your browser's print function to print a copy of this page for your records.

First Name, MI:

DAVID H MD,

Last Name:

**ORENSTEIN** 

1837 E. Baseline Road

Address:

City:

TEMPE

State:

AZ

ZIp:

85283

**Business Phone:** 

602 277 7526

**POC Name** 

Catherine Pisani

**POC Emall** 

**POC Cell Phone** Drug Schedules:

2 2N 3N 4 5

State License:

Number: 15128

State: AZ

Expires: 01 - 12 - 2016

State Controlled Substance

License:

Number: Expires: --

JUN 2 8 2017

(RIZUVA MEDIC = 80ARD)

ORENSTEIN, DAVID H MD 5651 N 7TH ST PHOENIX, AZ 85014-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
BCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAY PPAZ 1250 E APACHE; TEMPE, AZ 8528	¥108	

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015

ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000

Sections 304 and 1998 (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 (4/07)

ORENSTEIN, DAVID H PPAZ 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAV PPAZ 5771 W. EUGIE GLENDALE, AZ 8		

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
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015

Form DEA-223 (4/07)

ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000

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70 ORENSTEIN, DAVID H MD 4751 N. 15TH STREET PHOENIX, AZ 85014-0000

#### միկիիստներդինիհրինիրկնիրիկվորդ



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAV 1837 E. BASELINE TEMPE, AZ 85283	ROAD	

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 THIS REGISTRATION EXPIRES PAID

12-31-2018 \$731

SCHEDULES BUSINESS ACTIVITY ISSUE DATE

2,2N, PRACTITIONER 12-17-2015
3N,4,5,

ORENSTEIN, DAVID H MD 1837 E. BASELINE ROAD TEMPE, AZ 85283-1501

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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Form DEA-223 (9/2016)

DEA REGISTRATION	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAV 1837 E. BASELINI		-
TEMPE, AZ 85283	3-1501	

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

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### Form DEA-223/511 (9/2016) 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

- visit our web site at deadlversion.usdoj.gov or
   call our customer Service Center at 1-(800) 882-9539 or
- 3. submit your change(s) in writing to:

Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639

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 DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664 www.azmd.gov JUN 0 6 2018

	egistration Fe	ee \$150 (per pl	nysician)			
First Name:	David	Initi	al: H	Last Name:	OvenStein	
License Number:	15128		Specialty:	Obstetrics	à Gynecolog	1
	copy of your DEA licens	e if you are requesting di	Spensing of con		ny location.	
		e submitted for EACH be kept current d	uring the regi	stration period.	ces will be dispense	ed and must
PRIMARY PR	ACTICE LOCA	be kept current d	DEA# for thi	stration period.	ces will be dispense	Zip: 05304
PRIMARY PR Address: 577	ACTICE LOCA	be kept current d	DEA# for thi	stration period.		
PRIMARY PR Address: 577	ACTICE LOCATION EVIDENCE AND 1 W EVID 12 AND	be kept current d	DEA# for thi	s location Glendale Email:		Zip: 05304
PRIMARY PR Address: 511 Phone: 602  X Schedule II Drug  Prescription-Onl	ACTICE LOCATION EVIDENCE AND 1 W EVID 12 AND	Fax: 602-296 dule III Drugs cription Devices	DEA# for thi City:	s location  Glendale  Email:	State: AZ	Zip: 05304
PRIMARY PR Address: 577 Phone: w02  Schedule II Drug Prescription-Onl	ACTICE LOCA  I W Eugie Ave  -200-2129  s Schee  y Drugs Presc	Fax: 602-296 dule III Drugs cription Devices	DEA# for thi City:  City:  Nubain  DEA# for thi	s location  Glendale  Email:	State: AZ	Zip: 05304

I am including a second page listing additional locations

Physician Signature:

Date:

ENTERED

Make checks or money orders payable to Arizona Medical Board.

If you wish to pay by payment card, please complete the attached Payment Card Authorization Form

ORENSTEIN, DAVID H PPAZ 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DA PPAZ 5771 W. EUGIE GLENDALE, AZ		

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.

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

FEE

NUMBER	EXPIRES	PAIO
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015

THIS REGISTRATION

ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000

DEA REGISTRATION

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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Form DEA-223 (4/07)



ORENSTEIN, DAVID H MD 4751 N. 15TH STREET PHOENIX, AZ 85014-0000

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAV 1837 E. BASELINE TEMPE, AZ 85283	EROAD ,	
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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-17-2015

ORENSTEIN, DAVID H MD 1837 E. BASELINE ROAD TEMPE, AZ 85283-1501

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Form DEA-223 (9/2016)



Planned Parenthood Arizona, Inc.

1 June 2018

Arizona Medical Board 1740 W. Adams Street Suite 4000 Phoenix, AZ 85007-2664

**RE: Practice Relocation** 

To Whom it May Concern:

Planned Parenthood of Arizona will be moving practice locations for our Tucson health center.

Tucson Women's Center located at 5240 East Knight Drive, Suite 112, Tucson, Arizona 85712 will permanently close on Tuesday, July 3.

We will be transferring all services to a new location: Planned Parenthood Southern Arizona Regional Health Center 2255 North Wyatt Drive Tucson, AZ 85712

Services will open on Thursday, July 12 in our new location.

The current DEA licenses for our providers at Tucson Women's Center will be updated to reflect the change in address. We will submit the updated licenses upon receipt at our office.

I am available at 602-200-2129 and

f additional information is required.

Best Regards,

Cotherme Risan

Catherine Pisani Medical Operations Manager Planned Parenthood Arizona, Inc.

The information contained in this letter is for the sole use of the intended recipients and contains information belonging to Planned Parenthood Arizona, Inc. which is confidential and/or legally privileged.

4751 N. 15th St. Phoenix, AZ 85014 602.277.7526 Tel 602.277.5243 Fax

www.ppaz.org

RECEIVED

JUN 0 6 2018

ARIZONA

ARIZONA

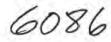
ARIZONA

# 2003 BIENNIAL MD LICENSE RENEWAL APPLICATION

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hone #: <del>(602) 271-511</del> 3	Phone E-Mail:	#: (602) 277 7	526 Fax #: (60	2) 277 5243
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MERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE				(Optional)
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NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FOR IS INCLUDED WITH YOUR

### ARIZONA MEDICAL BOARD 2005 BIENNIAL MD LICENSE RENEWAL APPLICATION



AZ MD Lic#: 15128 David H. Orenstein, MD	Renewa	Ree: \$500	\$850 (if)	oostmarked after 10/12/2005)
GURRENT INFORMATION  Please review and make corrections as the cessary ⇒			CORREGIONS	Januari Karamatan
OFFICE ADDRESS PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER 651 N 7th St hoenix AZ 85014-2500	OFFICE	ADDRESS/PRINC	PALEPLACE OF BU	ISINESS
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hone #: ( <del>602) 277-7526</del> Fax #: ( <del>602) 277-5243</del> -Mail:	Phone #		223 Fax #: (602	1 604-0159
HAILING ADDRESS  SEP 1 2005  HOME ADDRESS	MAILIN	GADDRESS		
IOME ADDRESS	HOME/A	DDRESS		
Phone #: Fax #:	Phone #	t:	Fax #:	
-Mail:	E-Mail:			IACL IN
	Cell Pho	one #: thed list of Self-Design	- Lances Can	(Optional)
MERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:  Certified? Practicing?  OBG N Y Ma	ike corrections if necessary		Certified?	Practicing?
REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:			1	The state of the s
the United States or foreign country. I understand that once inactive status understand that I may not engage in the practice of medicine, hold registral classified as inactive. I further understand that if I request reactivation of m combination of physical examination, psychiatric, psychological evaluations a medicine.  CANCELLATION: Please cancel my Arizona license. My signature below	tion with the Drug Enfor ny license, I may be req and interviews it deems a serves to certify the foll	cement Administration, uired to pass the SPEX necessary to determine owing: That I am not p	or write prescriptions of examination and that the my ability to safely en presently under investig	is long as my license is ne board may require any gage in the practice of ation by the board; the board
has not commenced any disciplinary proceedings against me; and that I am r LEASE:ANSWER:THE:FOLLOWING OUESTIONS:	requesting cancellation in	or the reason that I am		dicine in the State of Artzona
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Since your last renewal, have you had the authority to prescribe, dispense o a federal or state agency? (see instructions)	or administer medication	s limited, restricted, m	odified, denled, surren	dered or revoked by
Within the last 5 years, have you had or do you have a medical condition the				
Do you engage in the illegal use of any controlled substance, habit-forming	drug, or prescription me	edication?		***************************************
Have you consumed intoxicating beverages resulting in your present ability that you been denied a license in another state? If yes,		the second section of the second		A
State Date of Denial Reason for Denial  D. Since your last renewal, have you been found guilty or entered into a plea of  If yes, please attach an explanation and applicable court docket.	of no contest to a felony		ving moral turpitude in	any state? Yes
Since your last renewal, has a malpractice lawsuit resulted in a settlement of If the answer is "yes" to any of the above questions, please pro	or Judgment against you ovide a complete w	? itten explanation t	oinclude dates. I	malpractice cases are
reported, please include: a copy of a hereby certify, under penalty of perjury, that all information on this form is cui inimum of 40 chedit hours of continuing medical education as required by A.R.S.	rrently accurate. I also	certify that during cale	ndar years 2003 and 2	004, I have completed a
Jan H. Crush and	- J ID I SING CHAIGE	A 151 AN ANAI	8-15-	o\$

# ARIZONA MEDICAL BOARD CONTROL 2007 BIENNIAL MD LICENSE RENEWAL APPLICATION

AZ MD Lic#: 15128 David H. Orenstein, MD	Renewal Fee: \$500 \$850 (if postmarked after 10/12/2007)				
CURRENT INFORMATION	CORRECTIONS				
Please review and make corrections as necessary TM OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS				
5651 N 7th St					
Phoenix AZ 85014-2500					
Phone #: (602) 263-2223	Phone #: Fax #:				
E-Mail:	Phone #: Fax #:				
MAILING ADDRESS	MAILING ADDRESS				
	The formation of the first state of the stat				
HOME ADDRESS					
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ARIV					
Fig.					
Phone #: Fax #:	Phone #: Fax #:				
E-Mail:	E-Mail:				
Mobile #:	Mobile #: (Optional)				
AMERICAN BOARD OF MEDICAL SPECIALTY CERTIFICA	ATIONS AND FIELDS OF PRACTICE:				
	on the website. Please indicate expiration date or lifetime certificate				
OBG N Y Make corrections if	Certified? Practicing? Expiration Date Initials Require				
necessary INTIALS					
REQUIRED					
REQUEST FOR CHANGE IN LICENSE STATUS:  INACTIVE STATUS (I have read and meet the requirements to cancer.LATION (I have read and meet the requirements to cancer.LATION)					
I am a U.S. Citizen or a qualified/registered alien	low that all information on this form is currently accurate an				
<ul> <li>I have completed a minimum of 40 credit hours of continuents as required by A.R.S. §32-1434 and A.A.C. § R4-16-101</li> </ul>					
my practice close as required by A.R.S. §32-3211.	ransfer and access of the medical records of my patients shoul				
Vario A. Unich' no	7-23-07				
Signature of Licensee (Signature stamp will not be accepted) 5128 David H. Orenstein, MD	Date				

PAGE 1

SEE REVERSE SIDE

Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	YES 🗆	NO 🛛
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	YES 🗆	NO X
3. Since your last renewal have you voluntarily surrendered any healthcare license?	YES 🗆	NO 🕱
4. Since your last renewal have you had any healthcare license revoked?	YES 🗆	NO X
5. Since your last renewal, have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES 🗆	NO 🗷
6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES 🗆	NO 🕱
7. Since your last renewal, has disciplinary action been taken against you by any licensing agency (other than the Arizona Medical Board) with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or withdrawn.	YES 🗆	NO 🏿
8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	YES 🗆	NO 🛛
9. Since your last renewal have you been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.	YES 🗆	NOA
10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES 🗆	NO 💆
11. Since your last renewal have you been court martialed or discharged other than honorably from the armed service?	YES 🗆	NO 🗷
12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?	YES 🗆	NO ⊠′
13. Since your last renewal have you been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?	YES 🗆	NO 🎘

Note: In the event the response to any of the questions numbered 1 through 13 is "YES", you must file with the renewal a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

Moral Turpitude includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

**INITIALS REQUIRED** 

#### Individual - David Harris Orenstein

healthcare facility or healthcare staff of such facility?

2009 Renewal
<a href="License#">License#</a>
License Type
15128
MD License

1. Since your last renewal have you had any application for any If Yes, No professional license refused or denied by any licensing authority? describe 2. Since your last renewal have you been refused or denied the If Yes. No privilege of taking an examination required for any professional describe licensure? 3. Since your last renewal have you voluntarily surrendered any If Yes, No healthcare license? describe 4. Since your last renewal have you had any healthcare license If Yes, No revoked? describe 5. Since your last renewal have you been the subject of disciplinary If Yes, No action or are you currently under investigation with regard to your describe healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility? 6. Since your last renewal have your privileges been restricted, If Yes, No terminated, voluntarily or involuntarily resigned or withdrawn by any describe healthcare licensing authority, healthcare association, licensed

7. Since your last renewal, has disciplinary action been taken against If Yes, No you by any licensing agency (other than the Arizona Medical Board) describe with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or withdrawn. 8. Since your last renewal have you had a registration issued by a If Yes, No controlled substance authority (State or Federal) revoked, suspended, describe limited, restricted, modified, denied or have you surrendered or given up in lieu of action? 9. Since your last renewal have you been charged with or convicted, If Yes, No pardoned or had a record expunded or vacated of a felony, describe misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program. 10. Since your last renewal have you been charged with or convicted If Yes, No (including a nolo contendere plea or guilty plea) of a violation of any describe federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? 11. Since your last renewal have you been court martialed or If Yes, No discharged other than honorably from the armed service? describe 12. Since your last renewal have you been terminated from a If Yes, No healthcare position with a city, county, or state government or the describe Federal government?

If Yes,

describe

No

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13. Since your last renewal have you been convicted of insurance fraud

or received sanctions, including restrictions, suspension or removal

from practice, imposed by any agency of the Federal government?

#### **Individual - David Harris Orenstein**

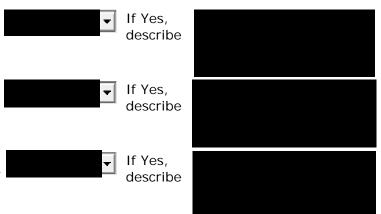
2009 Renewal

<u>License#</u> <u>License Type</u>

15128 MD License

- 1. Since your last renewal, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?
- 2. Are you now being treated or since your last renewal have you been treated or for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below
- 3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.

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#### Individual - David Harris Orenstein

healthcare facility or healthcare staff of such facility?

2011 Renewal
<u>License#</u><u>License Type</u>
15128 MD License

1. Since your last renewal have you had any application for any If Yes, No professional license refused or denied by any licensing authority? describe 2. Since your last renewal have you been refused or denied the If Yes. No privilege of taking an examination required for any professional describe licensure? 3. Since your last renewal have you voluntarily surrendered any If Yes, No healthcare license? describe 4. Since your last renewal have you had any healthcare license If Yes, No revoked? describe 5. Since your last renewal have you been the subject of disciplinary If Yes, No action or are you currently under investigation with regard to your describe healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility? 6. Since your last renewal have your privileges been restricted, If Yes, No terminated, voluntarily or involuntarily resigned or withdrawn by any describe healthcare licensing authority, healthcare association, licensed

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If Yes,

describe

No

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or received sanctions, including restrictions, suspension or removal

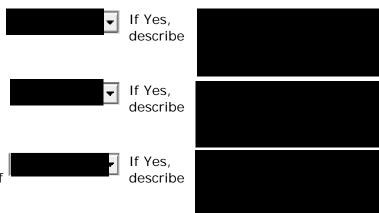
from practice, imposed by any agency of the Federal government?

#### **Individual - David Harris Orenstein**

2011 Renewal
<u>License#</u> <u>License Type</u>
15128 MD License

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- 3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.

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Arizona Medical Board	d: Lice	nse Rer	newal	Questions		
David Orenstein		2013	3	License # 15128	8	Professional Conduct
Since your last renewal have you had an application for medical licensure denied or rejected by another state or province licensing board?	No					
2. Since your last renewal has disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions?	No					
3. Since your last renewal have any disciplinary actions, restrictions or limitations taken against you while participating in any type of training program or by any health care provider?	No					
4. Since your last renewal have you been found in violation of a statute, rule, or regulation of any domestic or foreign governmental agency?	No					
5. Since your last renewal have you been under investigation by any medical board or peer review body?	No					
6. Since your last renewal, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation or entered into a consent agreement or stipulation?	No					
7. Since your last renewal, have you had hospital privileges revoked, denied, suspended, or restricted?	No					
8. Since your last renewal, have you been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against you?	No					
9. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal ostate government?	<b>No</b> r					
10. Since your last renewal, have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency?	No					
11. Since your last renewal, have you engaged or do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?						
12. Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?	No					

Arizona Medical Board: License Renewal Questions						
David	Orenstein	2013	License # 15128	Mental Health		
that impairs or limits you	val have you had or do you have a medical condition ur ability to safely practice medicine including a for any psychotic disorder or substance abuse					
	val, have you consumed intoxicating beverages being impaired or limited to exercise the judgment professional?					



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Wanda Salter, R.N. Public Member/R.N.

**Executive Director** 

Patricia E. McSorley

August 21, 2015

** sent via email and US Mail

Dr. David Harris Orenstein

This will acknowledge receipt of your renewal application for licensure to practice medicine in the State of Arizona. At the time of renewal, all files are reviewed for completeness. If it is determined that anything is missing, it is requested at this time.

To complete the processing of your renewal application, the following documentation is still needed:

1.) Please provide government issued document that contains a photograph. (ie: passport, driver's license)

**Please do <u>NOT</u> fax photos; they do not come across clear. Scanned copies or pictures of the photo may be emailed or mailed**

<u>PLEASE NOTE:</u> If the above items are not received within 60 days of this notice, your Arizona Medical License will expire on its scheduled expiration date. Any items that are received after the 60 day period will not be accepted. If your license expires you may reapply as an initial applicant.

Should you wish to appeal any item in this deficiency letter you must submit your request for a hearing to the Board pursuant to AAC R4-16-206(B)(2) within 30 days from the date of this notice.

A.R.S. § 32-1430:

- B. A person renewing an active license to practice medicine in this state shall provide to the board as part of the renewal process a report of disciplinary actions, restrictions or any other action placed on or against that person's license or practice by another state licensing or disciplinary board or an agency of the federal government. This action may include denying a license or failing the special purpose licensing examination. The report shall include the name and address of the sanctioning agency or health care institution, the nature of the action taken and a general statement of the charges leading to the action taken.
- C. The licensee shall submit proof with the renewal form of having completed a training unit as prescribed by the board relating to the requirements of this chapter and board rules.
- D. A person whose license has expired may reapply for a license to practice medicine as provided in this chapter.

- B. For license renewal, the administrative completeness review time-frame described in A.R.S. § 41-1072(1) is 45 days and begins on the date the Board receives the renewal application.
- 1. If the required application is not administratively complete, the Board shall send a written deficiency notice to the applicant.
- a. In a deficiency notice, the Board shall state each deficiency and the information required to complete the application or supporting documentation.
- b. Within 60 days after the Board sends a deficiency notice, the applicant shall submit to the Board the requested documentation or information specified in the notice. The time-frame for the Board to finish the administrative completeness review is suspended from the date of the notice until the date the Board receives the requested documentation or information from the applicant.
- D. If a person holding an active license does not apply for license renewal according to the biennial renewal requirement or fails to meet time-frame requirements under this Section, the person's license expires according to provisions prescribed under A.R.S § 32-1430(A) unless the person is under investigation according to provisions prescribed under A.R.S. § 32-3202.

Kendra Drake Arizona Medical Board Licensing Assistant Kendra.Drake@azmd.gov

#### AMB - Physician Renewal - Confirmation (Step 8 of 11)

8/10/2015

#### **David Harris Orenstein**

Please review the information below and click at the bottom to accept. If you need to correct the information, click the links below the records.

#### General Questions

Note: In the event the response to any of the questions numbered 1 through 10 is â€æYESâ€, you must file by fax or mail a detailed report concerning the below matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

1) Since 2009, have you had an application by	for medical lie	icensure denied	or rejected	by another sta	te or province
licensing board? If so, provide an explanation	on.				

No

2) Since 2009, has any disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions? If so, provide an explanation.

No

3) Since 2009, have any disciplinary actions, restrictions or limitations taken against you while participating in any type of program or by any health care provider? If so, provide an explanation.

No

4) Since 2009, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation, during an investigation or entered into a consent agreement or stipulation? If so, provide an explanation.

No

5) Since 2009, have you had hospital privileges revoked, denied, suspended, or restricted? If so, provide an explanation.

No

6) Since 2009, Have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? If so, provide an explanation.

No

7) Since 2009, have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency? If so, provide an explanation.

No

8) Since 2009, have you engaged or do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? If so, provide an explanation.
9) Since 2009, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? Is so, provide an explanation. See list of Moral Turpitude items at .  No
10) Since 2009, have you failed the special purpose licensing examination (SPEX)?  No
Physical/Mental Health and Substance Abuse Questions
In the event you answer YES to any of the below questions, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name of healthcare providers and treatment centers where you were treated, along with the discharge summary of your treatment and progress. If you are currently participating or have participated in the past 5 years pursuant to a confidential agreement or order in a program for the treatment and rehabilitation of physician assistant's impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with a compliance reports from the state monitoring programs
FAILURE TO PROPERLY ANSWER THESE QUESTIONS OR DISCLOSE ALCOHOL, SUBSTANCE ABUSE OR OTHER ISSUES CAN RESULT IN BOARD DISCIPLINARY ACTION.
1) Since 2009, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine including diagnosis or treatment for any psychotic disorder or substance abuse disorder? If so, provide an explanation.
2) Since 2009, have you consumed intoxicating beverages resulting in your ability being impaired or limited to exercise the judgment and skills of a medical professional? If so, provide an explanation
Citizenship Status

#### **Specialties**

	<b>Specialty</b>	<b>Certified?</b>	<b>Practicing?</b>	<b>Date Certified</b>	<b>Expiration Date</b>
Primary Specialty	Obstetrics & Gynecology	No	Yes		

#### **Practice Address**

(Directory Address) 5651 N 7th St Phoenix AZ, 85014-2500 Phone: (602) 263-2223

Fax: (602) 604-0159

You are required to enter a valid address, if you have one.

#### Home Address



You are required to enter a valid address, if you have one.

#### **Mailing Address**



You are required to enter a valid address, if you have one.

Please review all information you have provided. Change any information given or click on the I Agree button to verify that all information posted above is correct and to proceed to payment options.

By agreeing with this data, you are signing this registration form and certifying under pentalty of perjury that all information on this form is currently accurate and:

• I am a U.S. Citizen or a qualified/registered alien

- I have completed a minimum of 40 credit hours of continuing medical education during the two calendar years preceding renewal year as required by A.R.S. §32-1434 and A.A.C. § R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S.  $\hat{A}$ §32-3211.

I Agree Yes No

### MD Training Unit Complete

You may wish to print this Page for your records.

After pressing the *Next* button, please be patient, as it may take a few moments to process your data and send you to the payment page.

#### AMB - Physician Renewal - Confirmation (Step 8 of 11)

8/4/2017

#### **David Harris Orenstein**

Please review the information below and click at the bottom to accept. If you need to correct the information, click the links below the records.

#### General Questions

Note: In the event the response to any of the questions numbered 1 through 10 is "YESâ€, you must file by fax or mail a detailed report concerning the below matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

1) Since your last renewal, have you had an application for medical licensure denied or rejected by another sta	te or
province licensing board? If so, provide an explanation.	

No

2) Since your last renewal, has any disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions? If so, provide an explanation.

No

3) Since your last renewal, have any disciplinary actions, restrictions or limitations taken against you while participating in any type of program or by any health care provider? If so, provide an explanation.

No

4) Since your last renewal, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation, during an investigation or entered into a consent agreement or stipulation? If so, provide an explanation.

No

5) Since your last renewal, have you had hospital privileges revoked, denied, suspended, or restricted? If so, provide an explanation. (Do not report if your hospital privileges were suspended due to failure to complete hospital record and reinstated after no more than 90 days)

No

6) Since your last renewal, Have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? If so, provide an explanation.

No

7) Since your last renewal, have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action? If so, provide an explanation.

No

9) Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude (in any state), or an alcohol or drug-related offense in any state? Is so, provide an explanation. See list of Moral Turpitude items at .  10) Since your last renewal, have you failed the special purpose licensing examination (SPEX)?  No  1) Since your last renewal, have you received treatment for use of alcohol or a controlled substance, prescription only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently affects your ability to exercise the judgment and skills of a medical professional? If so, provide the following: A) Detailed description of the use, disorder, or condition; and B) An explanation of whether the use, disorder, or condition is reduced or ameliorated because you receive ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which you currently participating. C) A copy of any public or confidential agreement or order relating to the use, disorder, condition, issued by a licensing agency or health care institution within the last five years, if applicable.  The purpose of the confidential question is to allow the Board to determine current fitness to practice medicine. The mere fact of treatment is not, in itself, a basis for denial. The Board often licenses individuals who demonstrate personal responsibility but may limit or deny applicants whose ability to practice is affected by a condition or who demonstrate a lack of candor in their responses. The Board encourages applicants to seek assistance if needed.		8) This question has been deleted
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#### Citizenship Status

#### **Specialties**

<u>Specialty</u> <u>Certified? Practicing? Date Certified Expiration Date Certified</u>
-----------------------------------------------------------------------------------------

Primary Specialty Obstetrics & Gynecology No Yes

#### **Practice Address**

Ppaz 4751 N 15th St Phoenix AZ, 85014-3707 Phone: (602) 277-7526

Fax:

You are required to enter a valid address, if you have one.

#### Home Address



You are required to enter a valid address, if you have one.

#### **Mailing Address**



Contact:

Contact Phone:

Contact Email:

You are required to enter a valid address, if you have one.

Please review all information you have provided. Change any information given or click on the I Agree button to verify that all information posted above is correct and to proceed to payment options.

By agreeing with this data, you are signing this registration form and certifying under penalty of perjury

#### that all information on this form is currently accurate and:

- I am a U.S. Citizen or a qualified/registered alien
- I have completed a minimum of 40 credit hours of continuing medical education during the two calendar years preceding renewal year as required by A.R.S.  $\hat{A}$ §32-1434 and A.A.C.  $\hat{A}$ § R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S.  $\hat{A}$ §32-3211.

I Agree Yes No

### MD Training Unit Complete

You may wish to print this Page for your records.

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Janet Napolitano

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Amanda J. Diehl Assistant Director/ Licensing & Operations

Randl Orchard Chief Financial Officer

Beatriz Garcia Stamps, M.D. Medical Director

Cherie Pennington
Director of Human Resources

Tina D. Wilcox Legislative Liaison

Gary Oglesby Chief Information Officer November 10, 2003

#### PERSONAL and CONFIDENTIAL

David H. Orenstein, M.D.

Re: AMB Malpractice (Pt: C.D.) vs. David H. Orenstein, M.D. Case MD-03-0169C

Dear Dr. Orenstein:

You were previously advised that the Arizona Medical Board ("Board") received notification of your involvement in the above captioned Medical Malpractice action.

Please be advised that the Board's Medical staff has completed its review and determined that no violation of the Medical Practice Act occurred. Accordingly, I have dismissed this case. A.R.S. §32-1405 (C)(21).

Thank you for your cooperation in this matter.

Sincerely,

Barry A. Cassidy, Ph.D., P.A.-C

**Executive Director** 

BAC:sa

Cc: Investigative file



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Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmdboard.org • Email: questions@azmdboard.org

Governor

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Dona M. Pardo, Ph.D., R.N. Public Member/R.N.

M. Chris Wertheim Public Member

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Barbara J. Kane Assistant Director

Randi Orchard Chief Financial Officer

Beatriz Garcia Stamps, M.D. Medical Director

Cherie Pennington Director of Human Resources

Gary Oglesby Chief Information Officer PERSONAL and CONFIDENTIAL

David Orenstein, M.D.

November 1, 2004

RE: N.G. vs. David Orenstein, M.D.

Case No. MD-04-0961A

Dear Dr. Orenstein:

The review of the case listed above has determined that there is no violation of the Medical Practice Act. Accordingly, I have dismissed the case. A.R.S. §32-1405 (C)(21).

In cases other than Arizon a Medical Board initiated investigations, the complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

Barry A. Cassidy, Ph.D., P.A.-C

**Executive Director** 

BAC/sa

**Enclosure** 

cc: Investigative File Licensing File



9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514 Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704

Website: www.azmd.gov • E-Mail: questions@azmd.gov

October 14, 2009

David Harris Orenstein, M.D.

Re: David Harris Orenstein, M.D.

Case # MD-09-0933A

Dear Dr. Orenstein:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

Lisa S. Wynn Executive Director

LSW/cjp