

# OF 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

SEP 4 1984



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.)
2. Certified evidence of any legal name changes other than that shown on certificates filed in accordance with paragraph 1 above, e.g., marriage certificate.
3. 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.

7. A statement of your exact whereabouts from date of graduation, and year listed for each.
8. Cashier's Check or Money Order in U.S. Funds, covering the statutory, subject to total forfeiture if not claimed within one year). Personal checks, .00 and are
9. Applicants, whose license upon which endorsement is sought was received more than \_\_\_\_\_ the filing of this application, are required to submit to oral examination in their specialty field of practice.
10. Credentials submitted in foreign languages shall have affixed thereto a certified translation.
11. Separated or Mutilated Applications are not acceptable and will require refiling.
12. Requests for exemptions to any portion of this application will be denied and will delay your consideration for licensure.
13. **NOTE:** All credentials submitted must remain the property of the Arizona Board of Medical Examiners and NONE will be returned except original Certificates of Naturalization or the applicant's **triplicate** copy of Declaration of Intention.
14. Photocopies shall not exceed 8-1/2 inches by 11 inches in size.

### UNITED STATES OR CANADIAN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located in the United States or Canada which were approved by the Council on Medical Education of the American Medical Association, the Canadian Medical Council, or the Association of American Medical Colleges, will forward forms numbered I, II, and III to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners.

### FOREIGN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located outside the United States or Canada will forward Forms numbered I, II, III, IV, and V, as may be applicable, to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners.

*Note:* Applications cannot be processed nor considered until ALL requisite forms are completed and returned direct to the Arizona address provided.

### APPLICATION

(To be completed, signed by applicant and notarized. All questions MUST be answered in their entirety)

1. Present Legal Name: ORENSTEIN DAVID HARRIS  
(Last) (First) (Middle) (Maiden)

1a. Other names used: \_\_\_\_\_

2. Address: Residence: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code) (Phone)

Office: 65 MTN. BLVD EXT. WARREN NJ 07060 201 469 9494  
(No.) (Street) (City) (State) (Zip Code) (Phone)

3. City and State of Birth: \_\_\_\_\_ Month, Day and Year of Birth: \_\_\_\_\_

4. In what states or provinces have you applied for license or registration? If more than two, attach separate listing. If license not issued, so state.

(a) NEW YORK \_\_\_\_\_ 133965  
(Specify State Board) (Date of Application) (Result) (Certificate No.)

(Date Issued) (Specify if by Written Examination or on Credentials)

(b) NEW JERSEY \_\_\_\_\_ 34893  
(Specify State Board) (Date of Application) (Result) (Certificate No.)

(Date Issued) (Specify if by Written Examination or on Credentials)

5. Has any medical licensing or registering authority ever taken disciplinary action against you or your license or registration?

NO

(Answer)

6. Have you ever been charged with a violation of any statute of any domestic or foreign governmental agency? NO  
(Answer)

7. Has there been any complaint filed against you by or through any medical board or association? NO  
(Answer)

8. Have you ever had hospital privileges revoked, suspended or restricted in any way?

NO

(Answer)

9. Have you ever been involved in any malpractice matter which resulted in a judgement against you in excess of \$30,000 or more?

NO

(Answer)

10. Have you ever been treated for the use of or abuse of any substance or substances?

(Answer)

11. Have you ever been a patient in a mental or other institution of confinement?

(Answer)

12. Are you suffering from any ailment communicable to others?

(Answer)

Note: In the event the response to any of the questions numbered 5 through 12 is YES, the applicant will file with the application a detailed report of the situation including any charge; date of such charge; the complete name and address of all bodies of jurisdiction; the results of any hearings; and the disposition of such charge(s).

13. Are you presently in good physical and mental health?

(Answer)

(If NO, applicant shall file with this application, a detailed statement of his health, diagnosis and prognosis, supported by report of his attending physician.)

14. Enter your height here 5-10 Weight 180 color of eyes Brown color of hair Brown

15. List Internships, Residency and Fellowship training - chronologically showing institution, address and type of program, and dates.

7/76 - 6/77 CATEGORICAL \* OB/GYN INTERNSHIP MUHLENBERG HOSPITAL PLAINFIELD NJ  
7/77 - 6/80 UMDNJ - Rutgers Medical School OB/GYN RESIDENCY PISCATAWAY, NJ

16. Are you American Board certified? NO

Specialty

17. Have you completed the educational requirements for any of the American medical specialty boards? If so, which? YES; OB/GYN

18. Exact whereabouts from date of graduation from medical school to date of application with specific MONTH and YEAR listed for each. No more than a 3 month period unaccounted for is allowed.

At EDISON NJ from 7/76 to 6/77  
City State  
At PISCATAWAY NJ from 7/77 to 7/80  
City State  
At GREEN BROOK NJ from 7/80 to present  
City State  
At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
City State  
At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
City State

19. In the event you are successful in obtaining a license to practice medicine by this application, have you selected a location?

YES Where? GLENDALE

Solo or in Association with? CIGNA HEALTHPLAN OF ARIZONA

20. What is your intended specialty practice? OB/GYN

21. Are you a member (past or present) of any national or international medical association or organization? If yes, please insert name: \_\_\_\_\_

AMA ; ACOG ;

(a) What state or provincial medical association, if any? \_\_\_\_\_

(b) What county or district medical society, if any? \_\_\_\_\_

22. What branch of the United States Armed Forces have you served with, if any, including USPHS? NA

Active duty? From \_\_\_\_\_ to \_\_\_\_\_  
Month and Year Month and Year

STATE OF NEW JERSEY  
County of SOMERSET } ss

The applicant DAVID HARRIS ORENSTEIN, M.D.  
(Name in Full)

being first duly sworn upon his oath deposes and says: that he is the person herein named subscribing to this application; that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Medical Examiners or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Arizona Board of Medical Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Signature of Applicant David Harris Orenstein, M.D.

(NOTARIAL SEAL)

Subscribed and sworn to before me this 29th day of August 1984.

Notary Signature Viola Bridges My Commission expires Jan. 25, 1989

**VIOLA BRIDGES** Notary Public  
**NOTARY PUBLIC OF NEW JERSEY**  
My Commission Expires Jan. 25, 1989

Muhlenberg Hosp., Plainfield, NJ 9/10/84  
Raritan Valley Hosp., Greenbrook, NJ 9/17/84  
St. Peter's Med. Ctr., New Brunswick, NJ 10/1/84  
Overlook Hosp., Summit, NJ 9/18/84

BC  
SEP

Application Rec'd _____	19 _____	Application Processed by _____
Application Completed _____	19 _____	Application Checked by _____
Form No. I Rec'd _____	19 _____	Application Approved _____ 19 <u>85</u>
Form No. II Rec'd _____	19 _____	By _____
Form No. III Rec'd _____	19 _____	License Issued <u>January 2, 1985</u>
Form No. IV Rec'd _____	19 _____	License No. <u>15128</u>
Form No. V Rec'd _____	19 _____	
Investigation Completed _____	19 _____	

Application withdrawn \_\_\_\_\_ (Date)

Refund must be claimed by \_\_\_\_\_ (Date)

Warrants issued \_\_\_\_\_ (Date)

Warrants mailed \_\_\_\_\_ (Numbers and Dates)

Warrants cashed \_\_\_\_\_ (Date)

Warrants cashed \_\_\_\_\_ (Date)

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.
- b.)
  - 1- Robert Malatesta, M.D.  
Muhlenberg Hospital  
Park Ave. + Randolph Rd.  
Plainfield, N.J. 07061
  - 2- Chief of Staff  
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.D. [Hospital closed 1981]  
Chief of Staff  
Raritan Valley Hospital  
275 Greenbrook Rd.  
Greenbrook, N.J. 08812
7. 7/76 - 6/77: Internship, Muhlenberg Hospital, Plainfield, N.J.  
7/77 - 6/80: Residency, UMDNJ - Rutgers Medical School, Piscataway, N.J.  
7/80 - present: Group Practice, Warren, N.J.

BOMEX  
SEP 4 1984

College of Medicine and Dentistry of New Jersey



# Rutgers Medical School

Piscataway, New Jersey

This is to certify that

*David H. Orenstein, M.D.*

has served satisfactorily as

*Resident in Obstetrics and Gynecology*

in the affiliated-hospitals program

*July 1, 1977 to June 30, 1980*

BOMEX

SEP 18 1984

# Muhlenberg Hospital

Plainfield, New Jersey

BOMEX

SEP 4 1984

Affiliated with The College of Medicine and Dentistry 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

*Frederic L. Hall*  
\_\_\_\_\_  
President

*Gerald E. Kupp*  
\_\_\_\_\_  
Secretary



*Robert H. Malatesta M.D.*  
\_\_\_\_\_  
Preceptor

*David J. Wiley Jr.*  
\_\_\_\_\_  
Director

FORM I

MEDICAL COLLEGE CERTIFICATION

(This section with a current photograph of the applicant shall be forwarded to and completed by an officer of the medical school granting the medical degree)

This is to certify that

DAVID HARRIS ORENSTEIN

(Full Name of Student)

whose photograph is attached hereto, was granted the degree of

Doctor en Médecine et en Pharmacie  
Chirurgie et Accouchement

by

(Full Name of School or College of Medicine as it appears on the Applicant's Medical degree diploma)

on 15<sup>th</sup> 1976

that the date of his matriculation in medical school was

October

1968

; and that he attended

all  
(Number)

full courses of medical lectures comprising

30 weeks  
(Number)

months each.

Signed

*Suzanne Cypres*

Dean

President

Secretary

Registrar

of

FACULTE DE MEDECINE ET DE PHARMACIE

PAR DELEGATION

LE CHEF DU SECRETARIAT ETUDIANT

Suzanne CYPRES

BOMEX  
OCT 5 1984

(SEAL OF COLLEGE)

Date 30. 6. 76, 1984

Address: Faculté de Médecine et de Pharmacie

Rue Evers, 2,

1.000 BRUXELLES

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



The applicant must ass  
forewarned that it mus  
of Medical Examiners b



of this form and is  
to the Arizona Board  
red.

FORM III

INTERNSHIP OR POSTGRADUATE TRAINING CERTIFICATION

(This section must be completed by the office of the Administrator of the hospital located in the United States or Canada wherein the applicant satisfactorily completed an approved internship or residency training program who shall complete the following:)

This is to certify that DAVID HARRIS ORENSTEIN, M.D., undertook and  
(Name of Applicant in Full)

satisfactorily completed an approved internship in the Muhlenberg Hospital  
(Full Name and Complete Address of Hospital)

Raritan Road & Park Avenue, Plainfield, N.J. from 7/1/76 to 6/30/77 and that said  
(Date) (Date)

program was approved for such training during that period by the Council on Medical Education and Hospitals of the American Medical Association, or the Canadian Medical Association

Signed Robert L. Malatesta M.D.  
Robert L. Malatesta, M.D.

Title Chief, Department Obstetrics and Gynecology

Address Muhlenberg Hospital  
Raritan Road & Park Avenue  
Plainfield, N.J.

(SEAL OF HOSPITAL)  
(So indicate, if none)

Date September 4, 19 84

BOMEX  
SEP 10 1984

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 section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed a program of approved post-graduate training in the United States or Canada.)

This is to certify that DAVID HARRIS ORENSTEIN, M.D., undertook and satisfactorily completed a full term approved program of one year or more in the: UMDNJ - RUTGERS

MEDICAL SCHOOL; ACAD. HEALTH SCI. CENT., CN19, N. BRUNSWICK, NJ  
in the field of OBSTETRICS + GYNECOLOGY from 7/1976 to 6/1980

and that said program was approved for such training during that period by the Council on Medical Education and Hospitals of the American Medical Association, or the Canadian Medical Association.

Signed [Signature]

Title Chairman, Dept. Obstetrics & Gynecology

Address UMDNJ-Rutgers Medical School

Academic Health Science Center, CN19 Date September 11, 1984

(SEAL OF HOSPITAL)  
(So indicate, if none) None

BOMEX

Please return completed form direct to Arizona Board of Medical Examiners, 6060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015

SEP 14 1984



UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY  
RUTGERS MEDICAL SCHOOL

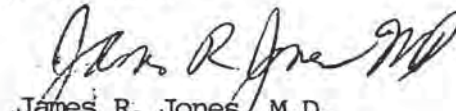
Academic Health Science Center  
CN 19  
New Brunswick, New Jersey 08903

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 by the office of the Executive Director of the Educational Council for Foreign Medical Graduates.)

This is to certify that DAVID HARRIS ORENSTEIN, M.D., was granted the Educational  
(Name of Applicant in Full)

Council for Foreign Medical Graduates permanent Standard Certificate No. 233-883-8 on the 17th day of  
August, 19 77

Signed Ray L. Casterline  
Ray L. Casterline, M.D.

**BOMEX**

Title Vice President, ECFMG  
Address 3624 Market Street  
Philadelphia, PA 19104

**SEP 10 1984**

(SEAL OF ECFMG)

Date September 7, 19 84

Medical Exam. 1/22/75 English Exam. 1/22/75

Date Issued 8/17/77 Valid Through Indefinitely

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 UNIT  
CULTURAL 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 DEPARTMENT, 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: [REDACTED]  
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#	EAS	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: [REDACTED]

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

*David Fribourg* 09/26/84  
*Maxwell*

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

ENDORSEMENT				
APPLICATION	Received September 4, 1984 (30 day grace period allowed)			
NAME IN FULL	ORENSTEIN (Last)	DAVID (First)	HARRIS (Middle)	
Current Address	[REDACTED]			
Telephone	[REDACTED]	(201) 469-9494		
BIRTHPLACE	[REDACTED] (City)	[REDACTED] (State)	[REDACTED] (Country)	Date: [REDACTED]
CITIZENSHIP	Check One: <input checked="" type="checkbox"/> Native <input type="checkbox"/> Naturalized			Declared Intention On
MEDICAL EDUCATION	Faculty of Med. & Pharmacy, Free Univ. of Brussels, Brussels, Belgium (Full Name and Location of Medical School)			165-01
	M.D. Awarded: July 1976	Proof Received: 10/5/84	<input type="checkbox"/> Approved	
	ECFMG Certificate No. 233-883-8	Dated: 8/17/77	Proof Received: 9/10/84	
(OBG)	In Muhlenberg Hosp., Plainfield, NJ (Full Name and Location of Hospital, City and State)			
INTERNSHIP	From: July 1, 1976	to: June 30, 1977	Total: 12 Months	
	Hospital Accredited from: 1976	to: 1977	Proof Received: 9/10/84	
Photo & Fm. IV	In OBG (Field of Training)	for 36 months at	UMDNJ/Rutgers Med. Sch. Piscataway, NJ (Name of Institution)	
	From July 1, 1977	to June 30, 1980		
RESIDENCY	In	for	months at	
	(Field of Training)		(Name of Institution)	
	From		to	
	In	for	months at	
	(Field of Training)		(Name of Institution)	
	From		to	
AMERICAN BOARD	Of (Eligible) OBG (Specialty)	Certificate No.	Issued	
PRACTICE	Field of OBG	(Current)		
LICENSES	Reciprocating through New York (FLEX)	No. 133965	Issued 3/24/78	W/E
	In New Jersey #34893 6/21/78	; [ ] W/E [X] Reciprocity With FLEX	(Certificate) (Date)	
	In	; [ ] W/E [ ] Reciprocity With		
	In	; [ ] W/E [ ] Reciprocity With		
	In	; [ ] W/E [ ] Reciprocity With		
PREVIOUS PRACTICE	In Plainfield (internship) NJ	From July 1 1976 to June 30 19 77		
	In Piscataway (residency) NJ	From July 1 1977 to June 30 19 80		
	In Warren, NJ	From July 1 1980 to Date 19 84		
	In	From 19 to 19		
	In	From 19 to 19		
	In	From 19 to 19		
	In	From 19 to 19		
FEES	Temporary \$	Receipt #	Examination \$	Receipt #
	Limited \$	Receipt #	Endorsement \$ 250.00	Receipt # A-019332
Fm. II	AMA Approval 7/31/84	Record clear, N/D		
	New York Board Approval 10/1/84	Cert. #133965, iss. 3/24/78, FLEX, current, N/D		
	New Jersey Board Approval 9/17/84	Cert. #34893, iss. 6/21/78, End., current, N/D		
	Fed. State Board Approval 9/6/84	Record clear, N/D FLEX SCORES		
INVESTIGATION	Board Approval			
	Board Approval			
	Ass'n Approval			
	Ass'n Approval			
	Ass'n Approval			
INTENDED LOCATION	Glendale (CIGNA Healthplan of AZ)			

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, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015.

PRINT Full Legal Name: DAVID HARRIS ORENSTEIN, M.D.

Current Office Address: 1010 PARK AVE.

City: PLAINFIELD State: NJ Zip Code: 07060 Area Code: 201 Phone: 754 7464

Current Residence Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Phone: [REDACTED]

MEDICAL SCHOOL: Name: FREE UNIVERSITY OF BRUSSELS SCHOOL OF MEDICINE

Location: City & State: BRUSSELS, BELGIUM Date of Degree: JUNE 1976

CLINICAL CLERKSHIP (5th Pathway Program) HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Term: Started: \_\_\_\_\_ Completed: \_\_\_\_\_  
(Month and Year) (Month and Year)

INTERNSHIP: (U.S. & Canadian ONLY) Name of Hospital: MUHLENBERG HOSPITAL

ADDRESS: PARK AVE. PLAINFIELD NJ 07061

Term: Started: JULY 1976 Completed: JUNE 1978  
(Month and Year) (Month and Year)

RESIDENCY: (U.S. & Canadian ONLY) Name of Hospital: CM/DNJ-RUTGERS MEDICAL

SCHOOL AFFILIATED HOSPITALS ADDRESS: UNIVERSITY HEIGHTS, PISCATAWAY, NJ

Term: Started: JULY 1977 Completed: JUNE 1980  
(Month and Year) (Month and Year)

Specialty Field: OB/GYN

(NOTE: If more than one hospital for Internship or Residency, attach separate listing.)

Are you a Diplomate of any of the American medical specialty boards? Which? \_\_\_\_\_

Have you completed the educational requirements for any of the American medical specialty boards? Which? OB/GYN

LICENSES: List ALL of the States or Provinces in which you have ever held licensure:

1. NEW YORK 2. NEW JERSEY 3. ? 4. \_\_\_\_\_ 5. \_\_\_\_\_

Are you a Diplomate of the National Board of Medical Examiners (NBME)? No  
(Yes or No) (Date Issued)

Are you a Diplomate of the Licensing Medical Council of Canada (LMCC)? No  
(Yes or No) (Date Issued)

Give name of State (or NBME or LMCC); exact date of issuance and number, of most recent certificate or license issued following complete Clinical WRITTEN EXAMINATION:

State; NBME; or LMCC: NEW JERSEY Certificate No. 34 893 Issued: 6/21/78

Was this a FLEX examination?  Yes  No If Yes, your FLEX weighted average? 80.4

If Yes, was FLEX weighted average obtained in one sitting?  Yes  No

CITIZENSHIP:  Birth  Naturalization  Declaration of Intent  
 Hold Permanent Immigrant Status  Awaiting Quota Assignment

BIRTHPLACE: [REDACTED] DATE OF BIRTH: [REDACTED]

MILITARY - U.S. ONLY:  ARMY  AIR FORCE  MARINE CORPS  NAVY

INFORMATION FORM FORWARDED  COAST GUARD DATES OF ACTIVE DUTY? \_\_\_\_\_

RECIPROCITY - EXAM APPLICATION FORWARDED  BOMEX



All your hospital affiliations for the past five years (other than training hospitals), listing locations: see attached

(NOTE: If more than three hospitals, attach separate listing.)

PRACTICE: List City & State Where You Practice: PLAINFIELD, NEW JERSEY

Date Practice Above Was Established: JULY 1980

FOREIGN MEDICAL

SCHOOL GRADUATES: ECFMG Certificate No. 233-883-8 Date Issued: 8-17-77

STATE OR COUNTY MEDICAL SOCIETIES, current or past Memberships: \_\_\_\_\_

SIGNATURE: Sign Name: David Harris Orenstein, M.D.

Date: June 19, 1984

#### 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 current and in good standing. 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)

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.

PRINT Full Legal Name: DAVID HARRIS ORENSTEIN

Current Office Address: MUHLENBERG HOSPITAL, PARK AVE. & RANDOLPH RD.

City: PLAINFIELD State: NJ Zip Code: 07061 Area Code: 201 Phone: 668 2000

Current Residence Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Phone: [REDACTED]

MEDICAL SCHOOL: Name: FREE UNIVERSITY OF BRUSSELS SCHOOL OF MEDICINE

Location: City & State: BRUSSELS, BELGIUM Date of Degree: JUNE 1976

CLINICAL CLERKSHIP (5th Pathway Program) HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Term: Started: \_\_\_\_\_ Completed: \_\_\_\_\_

INTERNSHIP: (U.S. & Canadian ONLY) Name of Hospital: MUHLENBERG HOSPITAL

ADDRESS: PARK AVE. PLAINFIELD NJ 07061

Term: Started: JULY 1, 1976 Completed: JUNE 30, 1977

RESIDENCY: (U.S. & Canadian ONLY) Name of Hospital: COLLEGE OF MEDICINE + DENTISTRY OF

NJ - RUTGERS MEDICAL SCHOOL ADDRESS: UNIV. HEIGHTS, PISCATAWAY NJ 08854

Term: Started: JULY 1, 1977 Completed: JUNE 30, 1980 (expected)

Specialty Field: OB/GYN

(NOTE: If more than one hospital for Internship or Residency, attach separate listing.)

Are you a Diplomate of any of the American medical specialty boards? Which? —

Have you completed the educational requirements for any of the American medical specialty boards? Which? —

LICENSES: List ALL of the States or Provinces in which you have ever held licensure:

1. NEW YORK 2. NEW JERSEY 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Are you a Diplomate of the National Board of Medical Examiners? No  
(Yes or No) (Date Issued)

Are you a Diplomate of the Licensing Medical Council of Canada? No  
(Yes or No) (Date Issued)

Give name of State (or NBME or LMCC); exact date of issuance and number, of most recent certificate or license issued following complete Clinical WRITTEN EXAMINATION:

State; NBME; or LMCC: NEW YORK Certificate No. 1339-65 Issued: 3/24/78

Was this a FLEX examination? YES 80.4  
(Yes or No) (If Yes, what was your FLEX weighted average?)

CITIZENSHIP: () Birth () Naturalization () Declaration of Intent  
() Hold Permanent Immigrant Status () Awaiting Quota Assignment

SIGNATURE: Sign Name: David Harris Orenstein, M.D.

Date: November 13, 19 79 APPLICATION & FORMS (I II III IV V VI VII)

**BOMEX** INFORMATION FORM FORWARDED 11  
**NOV 19 1979** RECIPROcity EXAM APPLICATION FORWARDED (TUMBLE) 12/10/79 **AMA FLEX cards** - 19 licensure

All your hospital affiliations for the past five years (other than training hospitals), listing locations: \_\_\_\_\_

(NOTE: If more than three hospitals, attach separate listing.)

PRACTICE: List City & State Where You Practice: \_\_\_\_\_

Date Practice Above Was Established: \_\_\_\_\_

FOREIGN MEDICAL

SCHOOL GRADUATES: ECFMG Certificate No. 233-883-8 Date Issued: 1/22/75

State or County Medical Societies, current or past Memberships: \_\_\_\_\_

#### 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 current and in good standing. If said license or certificate was issued more than fifteen years preceding the application, the applicant MUST submit to Oral Examination in his speciality practice.

(ARIZONA DOES NOT OFFER ENDORSEMENT OF PROVINCIAL LICENSES)

New York

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:)

I, \_\_\_\_\_ of the \_\_\_\_\_

(Name)

(Title)

(Agency)

certify that a license to practice Medicine and Surgery No. \_\_\_\_\_ or Certificate No. \_\_\_\_\_ of the Medical Council of Canada or of The National Board of Examiners was issued to DAVID HARRIS ORENSTEIN

on \_\_\_\_\_ 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.

(Date)

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: Basic Science \_\_\_\_\_ 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 his 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)

BOMEX

(Signature)

OCT. 1 1984

(Title)

(Date)

(Agency)

(Address)

\*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.

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

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

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

TO: ARIZONA

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



FIN [REDACTED]  
Birthdate [REDACTED]  
Date of Certification 09/04/84

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  
FOR STATE ..... 133 - *New York*  
STATE ID # ..... 00994

BASIC SCIENCE  
Anatomy ..... 75  
Physiology ..... 76  
Biochemistry ..... 60  
Pathology ..... 75  
Microbiology ..... 65  
Pharmacology ..... 76  
Behavioral Science .....  
BASIC SCIENCE AVERAGE ..... 71.30

CLINICAL SCIENCE  
Medicine ..... 79  
Surgery ..... 83  
Obstetrics ..... 90  
Public Health ..... 83  
Pediatrics ..... 79  
Psychiatry ..... 75  
CLINICAL SCIENCE AVERAGE ..... 81.50

CLINICAL COMPETENCE AVERAGE .... 82.70  
FLEX WEIGHTED AVERAGE ..... 80.40

BOMEX  
SEP 6 1984

WE HAVE NO UNFAVORABLE  
INFORMATION REGARDING  
THE ABOVE NAMED PHYSICIAN

*Bryant L. Galusha, M.D.*  
BRYANT L. GALUSHA, M.D.  
EXECUTIVE VICE PRESIDENT

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

5060 North 19th Avenue, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Date: January 2, 1985

Re: License through Endorsement

David H. Orenstein, M.D.  
[REDACTED]

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 Sirs:

Please find enclosed my registration card and check for \$100. As per your letter, please withhold issuance of my license until after January 10, 1985

Thank you  
D. H. Orenstein MD



BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

5060 North 19th Avenue, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

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,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Encs. 3



Executive Director  
Douglas N. Ccrl  
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.**  
[REDACTED]

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: js

Encs. 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. Orenstein*

(Signature)

M.D.

Name:

DAVID HARRIS ORENSTEIN

M.D.

Address:

[Redacted]

(DO NOT DETACH)

1. What privileges were extended to the applicant? Courtesy Staff privileges in the Department of Ob-Gyn restricted to the admission and care of high risk patients to the Perinatal Intensive Care Unit under supervision of the Dept. Chairman.
2. For how long? November 1981 to present.
3. Were any limitations imposed on such privileges? routine supervision only.  
If YES, please explain. Routine supervision for this category of appointment is imposed for the duration of the individual's appointment.
4. Were staff privileges ever removed or restricted? No.  
If YES, please explain. \_\_\_\_\_

BOMEX

Derogatory Information, if any \_\_\_\_\_

OCT 1 1984

Comments, if any \_\_\_\_\_

Chief of Staff: Anthony Passannante, M.D.

Hospital Name: St. Peter's Medical Center

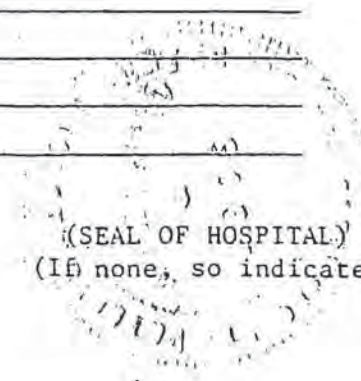
Address: 254 Easton Avenue, New Brunswick, N. J. 08903

Date: September 19, 1984

Signature: *[Signature]*

(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 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

*David H. Orenstein*  
(Signature)

M.D.

Name:

DAVID HARRIS ORENSTEIN

M.D.

Address:

[REDACTED]

(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
3. Were any limitations imposed on such privileges? No - usual for Provisional members  
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 separate privileges. Six cases are required for this procedure).
4. Were staff privileges ever removed or restricted? No  
If YES, please explain.

Derogatory Information, if any None

Comments, if any Dr. Orenstein only has 8 supervised cases in his dossier and, to my knowledge, these are the only deliveries he did here. They were all rated as Satisfactory. There are no gyn cases in my records. I think Dr. Orenstein's group practiced at Muhlenberg Hospital more than at Overlook.

~~Chief of Staff~~ Nancy F. Casillo  
Medical Staff Coordinator  
Hospital Name: OVERLOOK HOSPITAL  
Address: Summit, New Jersey

Date: September 11, 1984

Signature: Nancy F. Casillo

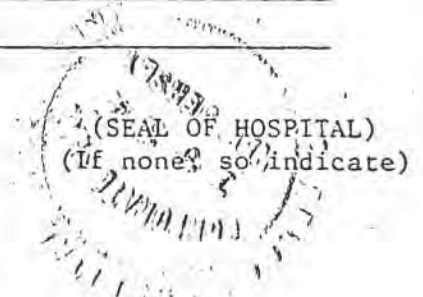
(PLEASE USE REVERSE SIDE FOR COMMENTS)

BOMEX

SEP 18 1984

BOMEX

OCT 22 1984



VERIFICATION OF LICENSURE

85

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:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, 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. Orenstein*  
(Signature)

M.D.

Name: DAVID HARRIS ORENSTEIN M.D.

Address: [REDACTED]

My license number is: 34893

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS

State of: New Jersey

Full Name of Licensee: David H. Orenstein M.D.

Graduate of: Free University of Brussels, Belgium

License No.: 34893 Issue date: 6/21/78

By: Endorsement/Reciprocity with Flex Endorsement

By: Your State Board's Written Examination \_\_\_\_\_

License is current? Yes If NO, Why Not? \_\_\_\_\_

Has license been suspended or revoked? No If YES, Why? \_\_\_\_\_

Has licentiate ever been on probation? No If YES, Why? \_\_\_\_\_

Has licentiate ever been requested to appear before your Board? No

If YES, Why? \_\_\_\_\_

Derogatory information, if any None

Comments, if any None

BOMEX

SEP 17 1984

BOARD SEAL

Signed:

*Charles A. Janousek*  
Charles A. Janousek  
Executive Secretary

Title:

State Board:

NJ State Board of Medical Examiners

Date:

9/6/84

(PLEASE USE REVERSE SIDE FOR COMMENTS)

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 Harris Orenstein  
(Signature)

M.D.

Name:

DAVID HARRIS ORENSTEIN

M.D.

Address:

[Redacted Address]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Active Staff, Department of Gynecology, privileges in Gynecology
- 2. For how long? June 1980 to June 30, 1981
- 3. Were any limitations imposed on such privileges? No  
If YES, please explain. \_\_\_\_\_
- 4. Were staff privileges ever removed or restricted? No  
If YES, please explain. \_\_\_\_\_

Derogatory Information, if any \_\_\_\_\_

Comments, if any Was highly recommended for staff privileges after serving his residency in our Department of OB/GYN, and becoming Chief Resident in 1980.

Chief of Staff: Robert J. Robinson, M.D.

Hospital Name: University of Medicine & Dentistry of New Jersey, Rutgers Medical School  
Address: Raritan Valley Hospital - Green Brook, N. J.

(Raritan Valley Hospital was closed in the spring of 1981 when affiliation began with Middlesex General-University Hospital in New Brunswick, N.J.)

Date:

9/10/84

Signature:

[Signature] M.D.

(PLEASE USE REVERSE SIDE FOR COMMENTS)

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

BOMEX

SEP 17 1984

There was no hospital seal.



AUG 30 1984

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.

OFFICE OF THE CHIEF OF STAFF

BOMEX

SEP 10 1984

*David H. Orenstein*

(Signature)

M.D.

Name:

DAVID HARRIS ORENSTEIN

M.D.

Address:

[Redacted Address]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Appointed to staff 6/23/80  
Granted full privileges in OB/GYN without supervision on 7/28/80
- 2. For how long? ro present
- 3. Were any limitations imposed on such privileges? no  
If YES, please explain. \_\_\_\_\_
- 4. Were staff privileges ever removed or restricted? no  
If YES, please explain. \_\_\_\_\_

Derogatory Information, if any none

Comments, if any \_\_\_\_\_

Chief of Staff: Frances M. Hulse, M.D.

Hospital Name: Muhlenberg Hospital

Address: Park Avenue & Randolph Road  
Plainfield, N.J. 07061

BOMEX

Date: 9/4/84

SEP 10 1984

Signature: Frances M. Hulse MD

(PLEASE USE REVERSE SIDE FOR COMMENTS)

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

no seal

HOSPITAL STAFF APPOINTMENTS

- 1 Muhlenberg Hospital Plainfield, N.J. Active Staff June, 1980
- 2 Raritan Valley Hospital Greenbrook, N.J. Active Staff June, 1980
- 3 St. Peter's Medical Center New Brunswick, N.J. Courtesy Staff September, 1981
- 4 Overlook Hospital Summit, N.J. October, 1981

BOMEX

JUN 26 1984

ORENSTEIN  
JUN 7 1984

David H. Orenstein, M.D.



June 7, 1984

Arizona Board of Medical Examiners  
810 W. Bellamy Home Rd.  
Phoenix, Arizona

RECEIVED  
ARIZONA  
JUN 08 1984  
MEDICAL  
ASSOCIATION

Dear Sirs:

Please send me an application  
for a license to practice Medicine  
through Endorsement. Thank you  
for your prompt attention.

Respectfully,  
David H. Orenstein MD

INFORMATION FORM FORWARDED

RECIPROcity - EXAM APPLICATION FORWARDED

19  
BOMEX

19  
JUN 11 1984

ORENSTEIN,  
DAVID H.

David H. Orenstein, M.D.



ORENSTEIN  
DAVID H.

29 October 1979

Arizona State Board of Medical Examiners  
Phoenix, Arizona

Dear Sirs:

I am currently looking at practice opportunities in Arizona. I hold licenses to practice medicine in New York State and New Jersey, and am interested in applying for an Arizona license. Please send me an application for licensure by endorsement. Thank you for your attention.

INFORMATIONAL FORM FORWARDED  
RECEIVED - EXAM APPLICATION FORWARDED

1979  
Respectfully,  
David Orenstein

ARIZONA MEDICAL BOARD

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

RECEIVED  
JAN 21 2004

Pat  
cc

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: DAVID H. Orenstein, MD

LICENSE #: 15128 SPECIALTY: OB/GYN

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.

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

PRIMARY PRACTICE LOCATION: PPCNA      DEA # FOR THIS LOCATION: [REDACTED]

Street Address		City/State/Zip Code	
8822 N. 43RD Ave		Glendale, AZ 85302	
Phone Number		Fax Number	
623-934-3244		623-937-3044	
E Mail			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>		

ADDITIONAL PRACTICE LOCATION: PPCNA      DEA # FOR THIS LOCATION: [REDACTED]

Street Address		City/State/Zip Code	
1250 E. APACHE #108		TEMPE AZ 85281	
Phone Number		Fax Number	
(480) 967-9414		480-921-8712	
E Mail			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>		

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

Physician's Signature: David H. Orenstein MD      Date: 1-16-04

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

Make checks or money orders payable to ARIZONA MEDICAL BOARD  
For your convenience, we accept payments by Visa or MasterCard  
If you wish to pay by payment card, please complete the attached  
PAYMENT CARD AUTHORIZATION FORM

Phone Number		Fax Number		E Mail	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs		Nubain	
Schedule IV Drugs	Schedule V Drugs	Prescription Devices			

ADDITIONAL PRACTICE LOCATION: *PPCNA* DEA # FOR THIS LOCATION: [REDACTED]

Street Address <i>5651 N. 7th St</i>		City/State/Zip Code <i>PHOENIX AZ 85014</i>			
Phone Number <i>(602) 277-1168 or (602) 277-7526</i>		Fax Number <i>(602) 274-7614 or 277-5243</i>		E Mail	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices			

ADDITIONAL PRACTICE LOCATION: *new location effective 2/13/04* DEA # FOR THIS LOCATION: *applied for*

Street Address <i>4417 N. 7th Ave</i>		City/State/Zip Code <i>Phoenix AZ 85013</i>			
Phone Number <i>602-277-1168</i>		Fax Number <i>602-274-7614</i>		E Mail	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	Schedule V Drugs	Prescription Devices			

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

# ARIZONA MEDICAL BOARD

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

*pd  
cc*

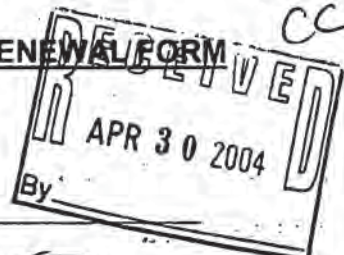
## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: David Harris Orenstein, MD

LICENSE #: 15128

SPECIALTY: OB/GYN



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.

### PLEASE NOTE

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

**PRIMARY PRACTICE LOCATION:**

**DEA # FOR THIS LOCATION:** [REDACTED]

Street Address		City/State/Zip Code	
7031 E. DOUBLETREE RANCH ROAD		PARADISE VALLEY, AZ 85253	
Phone Number		Fax Number	
(480) 600-9050		(602) 604-0159	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>
Nubain		<input checked="" type="checkbox"/>	

**ADDITIONAL PRACTICE LOCATION:**

**DEA # FOR THIS LOCATION:**

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

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

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

David Harris Orenstein MD

Date: \_\_\_\_\_

4-27-04

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

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

JAN-14-2004 16:01

480 551 2704 P.02/04

ARIZONA MEDICAL BOARD

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RECEIVED  
AUG 20 2004  
By

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: DAVID H. CRENSTEIN

LICENSE #: 15128

SPECIALTY: OB/GYN

CHECK ONE:  Initial Registration (\$200) <sup>add</sup>  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.

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

PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/31/05

Street Address		City/State/Zip Code	
7031 E. Doubletree RANCH		PARADISE VALLEY AZ 85253	
Phone Number		Fax Number	E Mail
480-483-0127			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Prescription Devices	<input checked="" type="checkbox"/>		

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/31/06

Street Address		City/State/Zip Code	
5651 N. 7th street			
Phone Number		Fax Number	E Mail
602-263-2235		602-604-0159	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Prescription Devices	<input checked="" type="checkbox"/>		

List any additional locations on the reverse side of this form and place a checkmark here.

Physician's Signature: David H. Crenstein MD Date: 8-20-04

Initial registration fee: \$200.00 per physician. Renewal registration fees: \$100.00 per physician.

Make checks or money orders payable to ARIZONA MEDICAL BOARD  
For your convenience, we accept payments by Visa or MasterCard  
If you wish to pay by payment card please complete the attached PAYMENT CARD AUTHORIZATION FORM



JAN-14-2004 16:01

480 551 2704 P.03/04

8822 N. 43rd Ave Street Address		Glendale AZ 85302 City/State/Zip Code	
623-934-3244 Phone Number		623-937-3014 Fax Number	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
		Prescription-Only Drugs	<input checked="" type="checkbox"/>
		Prescription Devices	<input checked="" type="checkbox"/>
		Nubain	<input checked="" type="checkbox"/>

12/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

1250 E. APACHE #108 Street Address		Tempe AZ 85281 City/State/Zip Code	
480-967-9414 Phone Number		480-921-8172 Fax Number	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
		Prescription-Only Drugs	<input checked="" type="checkbox"/>
		Prescription Devices	<input checked="" type="checkbox"/>
		Nubain	<input checked="" type="checkbox"/>

12/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

AUG-19-2004 07:56

480 551 2704 P.02/11

### ARIZONA MEDICAL BOARD

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Home Page: <http://www.azmboard.org>

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: DAVID Orenstein, M.D

LICENSE #: 15128 SPECIALTY: OB/GYN

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.

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

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

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION:			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
4417 N. 7th Ave				Phoenix AZ 85013			
602-263-2235				602-604-0159			
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs	X	Nubain	X
Schedule IV Drugs	V	Schedule V Drugs	V	Prescription Devices	X		

12/31/06

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

Physician's Signature: [Signature] Date: 9-4-04

Initial registration fee: \$200.00 per physician. Renewal registration fee: \$100.00 per physician.

Make checks or money orders payable to ARIZONA MEDICAL BOARD  
 For your convenience, we accept payments by Visa or MasterCard  
 If you wish to pay by payment card, please complete the attached  
**PAYMENT CARD AUTHORIZATION FORM**

# ARIZONA MEDICAL BOARD

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

**PAID**  
*cc*

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: David Orenstein, MD

LICENSE #: 15128

SPECIALTY: OB GYN

AUG 11 2005

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.

### PLEASE NOTE

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

#### PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED] *12/21/05*

Street Address		City/State/Zip Code	
7031 E Doubletree Ranch Paradise Valley AZ		85253	
Phone Number		Fax Number	E Mail
480-483-0127			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Prescription Devices	<input checked="" type="checkbox"/>		

#### ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED] *2/21/06*

Street Address		City/State/Zip Code	
5651 N. 7th Street Phoenix		AZ 85041	
Phone Number		Fax Number	E Mail
602-263-2235		602-604-0159	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Prescription Devices	<input checked="" type="checkbox"/>		

List any additional locations on the reverse side of this form and place a checkmark here.

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

Date: \_\_\_\_\_

6-24-05

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

12/31/06

Street Address		City/State/Zip Code	
8822 N. 43 <sup>rd</sup> Ave		Glendale AZ 85302	
Phone Number		Fax Number	
623-934-3274		623-937-3014	
Schedule II Drugs	<input checked="" type="checkbox"/> Schedule III Drugs	<input checked="" type="checkbox"/> Prescription-Only Drugs	<input checked="" type="checkbox"/> Nubain
Schedule IV Drugs	<input checked="" type="checkbox"/> Schedule V Drugs	<input checked="" type="checkbox"/> Prescription Devices	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

2/3/06

Street Address		City/State/Zip Code	
1250 E APACHE #108		Tempe AZ 85281	
Phone Number		Fax Number	
480-967-9414		480-921-8172	
Schedule II Drugs	<input checked="" type="checkbox"/> Schedule III Drugs	<input checked="" type="checkbox"/> Prescription-Only Drugs	<input checked="" type="checkbox"/> Nubain
Schedule IV Drugs	<input checked="" type="checkbox"/> Schedule V Drugs	<input checked="" type="checkbox"/> Prescription Devices	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

2/3/06

Street Address		City/State/Zip Code	
4417 N. 7 <sup>th</sup> Ave		Phoenix AZ 85013	
Phone Number		Fax Number	
602-277-PLAN		602-887-6571	
Schedule II Drugs	<input checked="" type="checkbox"/> Schedule III Drugs	<input checked="" type="checkbox"/> Prescription-Only Drugs	<input checked="" type="checkbox"/> Nubain
Schedule IV Drugs	<input checked="" type="checkbox"/> Schedule V Drugs	<input checked="" type="checkbox"/> Prescription Devices	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

#15128

# ARIZONA MEDICAL BOARD

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

**RECEIVED BY:**

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

JUN 22 2006

PHYSICIAN NAME: David H. Orenstein, MD

LICENSE #: 15128

SPECIALTY: OB/GYN ARIZONA MEDICAL BOARD  
BUSINESS OPERATIONS

CHECK ONE:  Initial Registration (\$200)

Renewal Registration (\$150) *pd cc*

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

### PLEASE NOTE

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

PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/21/06

Street Address		City/State/Zip Code	
7031 E. Doubletree Ranch		PARADISE VALLEY, AZ 85253	
Phone Number		E Mail	
480-483-0127			
<input checked="" type="checkbox"/> Schedule II Drugs	<input checked="" type="checkbox"/> Schedule III Drugs	<input checked="" type="checkbox"/> Prescription-Only Drugs	<input checked="" type="checkbox"/> Nubain
<input checked="" type="checkbox"/> Schedule IV Drugs	<input checked="" type="checkbox"/> Schedule V Drugs	<input checked="" type="checkbox"/> Prescription Devices	

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/31/06

Street Address		City/State/Zip Code	
5651 N. <del>7th</del> street		Phoenix AZ 85014	
Phone Number		E Mail	
602-263-2235		602-604-0159	
<input checked="" type="checkbox"/> Schedule II Drugs	<input checked="" type="checkbox"/> Schedule III Drugs	<input checked="" type="checkbox"/> Prescription-Only Drugs	<input checked="" type="checkbox"/> Nubain
<input checked="" type="checkbox"/> Schedule IV Drugs	<input checked="" type="checkbox"/> Schedule V Drugs	<input checked="" type="checkbox"/> Prescription Devices	

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

Physician's Signature: David Orenstein, MD Date: 6-14-06

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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



Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

T-110 P003/009 F-234

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 2/3/02

Street Address		City/State/Zip Code					
1250 E. Apache #108		Tempe AZ 85281					
Phone Number		Fax Number					
602-277-7526		480-921-8172					
E Mail							
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

6026040159

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/31/06

Street Address		City/State/Zip Code					
4417 N. 7th Ave		Phoenix AZ 85012					
Phone Number		Fax Number					
602-277-7526		602-889-6571					
E Mail							
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

06-21-'06 16:39 FROM-PLANNED PARENTHOOD

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 12/31/06

Street Address		City/State/Zip Code					
3822 N. 43rd Ave		Glendale, AZ 85302					
Phone Number		Fax Number					
E Mail							
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

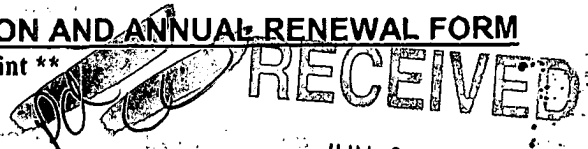
ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

Street Address		City/State/Zip Code	
Phone Number		Fax Number	
E Mail			

*Orenstein*  
15128

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

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



PHYSICIAN NAME: David H. Orenstein, MD

LICENSE #: 15128

SPECIALTY: OB/GYN

CHECK ONE:  Initial Registration (\$200)

Renewal Registration (\$150)

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

**PLEASE NOTE**

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

**PRIMARY PRACTICE LOCATION:**

**DEA # FOR THIS LOCATION:**

Street Address 5651 N. 7th Street		City/State/Zip Code Phoenix AZ 85014	
Phone Number 602-263-2295		Fax Number 602-263-4281	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**ADDITIONAL PRACTICE LOCATION:**

**DEA # FOR THIS LOCATION:**

Street Address 7031 E. Doubletree Ranch PARADISE VALLEY		City/State/Zip Code AZ 85253	
Phone Number 480-483-0127		Fax Number	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

*David H. Orenstein MD*

Date: 5/20/07

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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



58022 N. 43 <sup>rd</sup> Ave		Glendale, AZ 85302	
Phone Number 623-277-7526		Fax Number 623-937-3014	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Prescription Devices	
Nubain		[Redacted]	

12/31/09

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [Redacted]

12/31/09

1250 E Apache #108		Tempe AZ 85281	
Phone Number 602-277-7526		Fax Number 480-921-8172	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Prescription Devices	
Nubain		[Redacted]	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [Redacted]

12/31/09

4417 N. 7 <sup>th</sup> Ave		Phoenix AZ 85012	
Phone Number 602-277-7526		Fax Number 602-624-0159	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Prescription Devices	
Nubain		[Redacted]	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [Redacted]

12/31/09

140 A. Litchfield Rd Ste #100		Goodyear, AZ 85338	
Phone Number 602-277-7526		Fax Number 623-932-4558	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Prescription Devices	
Nubain		[Redacted]	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

Orenstein  
15128



ARIZONA MEDICAL BOARD  
 9545 E. Doubletree Ranch Road, Scottsdale, Arizona 85258 Telephone: (480) 551-2761 Fax (480) 551-2704  
 Home Page: <http://www.azmboard.org>

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

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

PHYSICIAN NAME: DAVID H. Orenstein

LICENSE #: 15128 SPECIALTY: OB/GYN

CHECK ONE:  Additional location  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.

**PLEASE NOTE**  
 A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be renewed annually. Required during the registration period.

<b>PRIMARY PRACTICE LOCATION:</b>		<b>DEA # FOR THIS LOCATION:</b>	
7031 E. Doubletree Ranch		Paradise Valley AZ 85253	
Street Address		City/State/Zip Code	
Phone Number		Fax Number	
E Mail			
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

<b>ADDITIONAL PRACTICE LOCATION:</b>		<b>DEA # FOR THIS LOCATION:</b>	
PPENA 140 N. Litchfield Rd #100		Goodyear AZ 85338	
Street Address		City/State/Zip Code	
Phone Number		Fax Number	
E Mail			
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

List any additional locations on the reverse side of this form and place check marks here.

Physician's Signature: David H Orenstein MD Date: 1-25-07

Initial registration fee: \$200.00 per physician. Renewal registration fee: \$100.00 per physician.

Make checks or money order 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

**DISPENSING PHYSICIAN ANNUAL RENEWAL FORM**

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

PHYSICIAN NAME: DAVID HARRIS ORENSTEIN MD

LICENSE #: 15128

*Handwritten initials/signature*

JUN 19 2008

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

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

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

Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

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

**PRIMARY PRACTICE LOCATION:**

5651 N. 7<sup>TH</sup> ST. PHOENIX AZ 85014 602-263-2223  
 Street Address City, State, Zip Code Phone #  
 [Redacted] 11-30-2006 12-31-2009 ✓  
 DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

**ADDITIONAL PRACTICE LOCATION:**

4417 N. 7<sup>TH</sup> AVE. PHOENIX AZ 85012 602-889-6575  
 Street Address City, State, Zip Code Phone #  
 [Redacted] 11-30-2006 12-31-2009 ✓  
 DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

Physician's Signature: David H. Orenstein MD Date: 5/20/08

**Renewal registration fee: \$150.00 per physician**

**Make checks or money orders payable to ARIZONA MEDICAL BOARD**  
**For your convenience, we accept payments by Visa or MasterCard**  
 If you wish to pay by payment card, please complete the attached  
**PAYMENT CARD AUTHORIZATION FORM**

*Handwritten signature*  
 JUN 18 2008  
**RECEIVED**  
**RECEIVED**

Physician Name DAVID HARRIS ORENSTEIN MD

License # 15128

**ADDITIONAL PRACTICE LOCATION:**

1250 E. APACHE SUITE 108 TEMPE AZ 85281 480-967-9414  
Street Address City, State, Zip Code Phone #

[REDACTED]  
DEA # for this location (Attach Copy of DEA) 11-30-2006 12-31-2009 ✓  
Issued Date Expiration Date

**ADDITIONAL PRACTICE LOCATION:**

7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY AZ 85253 480-600-9050  
Street Address City, State, Zip Code Phone #

[REDACTED]  
DEA # for this location (Attach Copy of DEA) 11-14-2005 12-31-2008 ✓  
Issued Date Expiration Date

**ADDITIONAL PRACTICE LOCATION:**

8822 N. 43<sup>RD</sup> Avenue Glendale, AZ 85302 623-934-3244  
Street Address City, State, Zip Code Phone #

[REDACTED]  
DEA # for this location (Attach Copy of DEA) 11-30-2006 12-31-2009 ✓  
Issued Date Expiration Date

**ADDITIONAL PRACTICE LOCATION:**

140 N. Litchfield Rd #100 Goodwin, AZ 85338 623-932-5111  
Street Address City, State, Zip Code Phone #

[REDACTED]  
DEA # for this location (Attach Copy of DEA) 1-4-2007 12-31-2009 ✓  
Issued Date Expiration Date

**ADDITIONAL PRACTICE LOCATION:**

Street Address City, State, Zip Code Phone #

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

# ARIZONA MEDICAL BOARD

8846 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 851-2761 . Fax (480) 851-2704  
Home Page: <http://www.azmb.gov>

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

RECEIVED

JUN 09 2009

PHYSICIAN NAME: David Harris Orenstein, MD

MD LICENSE #: 15128

SPECIALTY: OB/GYN <sup>AZ</sup> MEDICAL BOARD

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

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

140 N LITCHFIELD RD STE 100  
GOODYEAR, AZ 85338

- 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

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

1250 E APACHE #108  
TEMPE, AZ 85281

- 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

8822 N 43RD AVE  
GLENDALE, AZ 85302

- 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

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

Dispensing location information correct     Copy of DEA attached     Remove this location

5651 N 7TH ST  
PHOENIX, AZ 85014

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature:

David Harris Umsh'nd

Date: 5/26/09

3

# ARIZONA MEDICAL BOARD

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

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: David Harris Orenstein, MD

MD LICENSE #: 15128

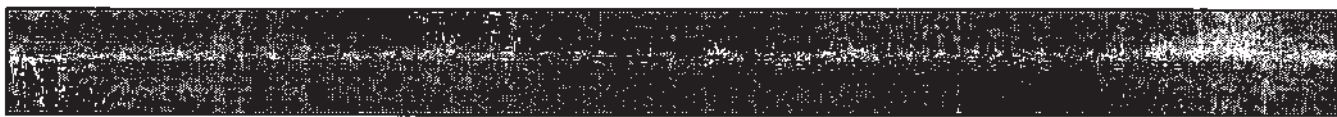
SPECIALTY: OB/GYN

RECEIVED

MAY 29 2010

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

- 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



140 N LITCHFIELD RD STE 100  
GOODYEAR, AZ 85338

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

*need additional  
DEA*

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

*LM 6/16  
602-263-2223*

1250 E APACHE #108  
TEMPE, AZ 85281

?  
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

8822 N 43RD AVE  
GLENDALE, AZ 85302

?  
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

✓  
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

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

5651 N 7TH ST  
PHOENIX, AZ 85014

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

Dispensing location information correct     Copy of DEA attached     Remove this location



Physician's Signature:

David H. Ameli MD

Date:

5/11/10

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-23-2009
<b>ORENSTEIN, DAVID H</b> <b>PPCNA</b> <b>4417 N. 7TH AVE.</b> <b>PHOENIX, AZ 85013-2969</b>		

**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**

Form DEA-223/511 (4/07)

**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 [deaddiversion.usdoj.gov](http://deaddiversion.usdoj.gov) - or
2. 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 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:**

---

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DEA REGISTRATION NUMBER</td> <td style="width: 33%;">THIS REGISTRATION EXPIRES</td> <td style="width: 33%;">FEE PAID</td> </tr> <tr> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="text-align: center;">12-31-2011</td> <td style="text-align: center;">Paid</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	[REDACTED]	12-31-2011	Paid	<p style="text-align: center;"><b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b>                  UNITED STATES DEPARTMENT OF JUSTICE                  DRUG ENFORCEMENT ADMINISTRATION                  WASHINGTON, D.C. 20537</p> <p>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.</p> <p><b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.</b></p>	
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID						
[REDACTED]	12-31-2011	Paid						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">SCHEDULES</td> <td style="width: 33%;">BUSINESS ACTIVITY</td> <td style="width: 33%;">DATE ISSUED</td> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td style="text-align: center;">PRACTITIONER</td> <td style="text-align: center;">11-03-2008</td> </tr> </table>			SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	2,2N,3 3N,4,5	PRACTITIONER	11-03-2008
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED						
2,2N,3 3N,4,5	PRACTITIONER	11-03-2008						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">                 ORENSTEIN, DAVID HARRIS MD                  7031 E. DOUBLETREE RANCH RD.                  PARADISE VALLEY, AZ 85253 1925             </td> </tr> </table>			ORENSTEIN, DAVID HARRIS MD 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925					
ORENSTEIN, DAVID HARRIS MD 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925								

<p><b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b>                  UNITED STATES DEPARTMENT OF JUSTICE                  DRUG ENFORCEMENT ADMINISTRATION                  WASHINGTON, D.C. 20537</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DEA REGISTRATION NUMBER</td> <td style="width: 33%;">THIS REGISTRATION EXPIRES</td> <td style="width: 33%;">FEE PAID</td> </tr> <tr> <td style="background-color: black; color: black;">[REDACTED]</td> <td style="text-align: center;">12-31-2011</td> <td style="text-align: center;">Paid</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	[REDACTED]	12-31-2011	Paid	<p>Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p>	
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[REDACTED]	12-31-2011	Paid						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">SCHEDULES</td> <td style="width: 33%;">BUSINESS ACTIVITY</td> <td style="width: 33%;">DATE ISSUED</td> </tr> <tr> <td>2,2N,3 3N,4,5</td> <td style="text-align: center;">PRACTITIONER</td> <td style="text-align: center;">11-03-2008</td> </tr> </table>			SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED	2,2N,3 3N,4,5	PRACTITIONER	11-03-2008
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED						
2,2N,3 3N,4,5	PRACTITIONER	11-03-2008						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">                 ORENSTEIN, DAVID HARRIS MD                  7031 E. DOUBLETREE RANCH RD.                  PARADISE VALLEY, AZ 85253 1925             </td> </tr> </table>			ORENSTEIN, DAVID HARRIS MD 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925					
ORENSTEIN, DAVID HARRIS MD 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925								
<p><b>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.</b></p>								

Form DEA-223 (05/04)

cc \$158

# ARIZONA MEDICAL BOARD

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

RECEIVED

JUN 21 2011

AZ MEDICAL BOARD

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

\*\* 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:** Separate DEA licenses are required for each location where controlled substances will be dispensed.

140 N LITCHFIELD RD STE 100  
GOODYEAR, AZ 85338

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

1250 E APACHE #108  
TEMPE, AZ 85281

Prescription Only Drugs  
Prescription Devices

Dispensing location information correct     Copy of DEA attached     Remove this location

ENTERED

8822 N 43RD AVE  
GLENDALE, AZ 85302

Prescription Only Drugs  
Prescription Devices

Dispensing location information correct  Copy of DEA attached  Remove this location

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

Dispensing location information correct  Copy of DEA attached  Remove this location

5651 N 7TH ST  
PHOENIX, AZ 85014

Prescription Only Drugs  
Prescription Devices

Dispensing location information correct  Copy of DEA attached  Remove this location

Physician's Signature:

David H. Orenstein MD

Date:

6/21/2011

DEA Certificate

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2011	Paid
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-03-2008
<b>ORENSTEIN, DAVID HARRIS MD</b> <b>7031 E. DOUBLETREE RANCH RD.</b> <b>PARADISE VALLEY, AZ 85263 1925</b>		

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

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2011	Paid
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-03-2008
<b>ORENSTEIN, DAVID HARRIS MD</b> <b>7031 E. DOUBLETREE RANCH RD.</b> <b>PARADISE VALLEY, AZ 85263 1925</b>		

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

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Form DEA-223 (05/04)

ARIZONA MEDICAL BOARD

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

ORDER 6500  
RECEIVED  
JUN 08 2012  
AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

\*\* 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)

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- Blank form attached to add additional locations

PLEASE NOTE

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

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

Dispensing location information correct  Copy of DEA attached  Remove this location

Physician's Signature: David H. Orenstein MD Date: 5/21/2012

 ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-01-2011
<b>ORENSTEIN, DAVID HARRIS MD</b> David H. Orenstein MD PC 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925		

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

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<b>CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE</b> UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	11-01-2011
<b>ORENSTEIN, DAVID HARRIS MD</b> David H. Orenstein MD PC 7031 E. DOUBLETREE RANCH RD. PARADISE VALLEY, AZ 85253 1925		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Form DEA-223 (05/04)



# 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>

CK 1167685  
\$200.-

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

RECEIVED  
JUN 05 2015  
ARIZONA  
MEDICAL BOARD

PHYSICIAN NAME: Dr. David Orenstein

LICENSE #: 15128

SPECIALTY: Obstetrics & Gynecology

CHECK ONE:  Initial Registration (\$200)

Renewal Registration (\$150)

- f Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- f For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- f Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

### PLEASE NOTE

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

#### PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

Street Address				City/State/Zip Code			
5771 W. Eugie				Glendale, AZ 85304			
Phone Number				Fax Number		E Mail	
623-934-7006				623-937-3014		[REDACTED]	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices			

#### ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

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		[REDACTED]	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	Nubain		
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices			

\*\*\*\*\* List any additional locations on the 2<sup>nd</sup> page of this form and place a check mark here:

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

Date: \_\_\_\_\_

5/17/15

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

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

ENTERED

<b>ADDITIONAL PRACTICE LOCATION:</b>				<b>DEA # FOR THIS LOCATION:</b>			
Street Address				City/State/Zip Code			
1250 E. Apache #108				Tempe, AZ 85281			
Phone Number				Fax Number		E Mail	
480-966-4728				480-921-8712		[REDACTED]	
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs		Nubain	
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices			

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

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

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

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

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

### ARIZONA MEDICAL BOARD

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

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Dr. David Orenstein

LICENSE #: 15128

SPECIALTY: Obstetrics & Gynecology

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

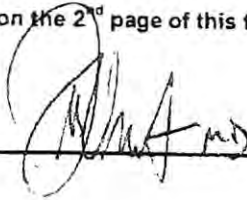
A *separate* DEA license must be submitted for **EACH** location where controlled substances will be dispensed and must be kept current during the registration period

<b>PRIMARY PRACTICE LOCATION:</b>				<b>DEA # FOR THIS LOCATION:</b> [REDACTED]			
Street Address				City/State/Zip Code			
5771 W. Eugie				Glendale, AZ 85304			
Phone Number				Fax Number		E Mail	
623-934-7006				623-937-3014		[REDACTED]	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Nubain	<input type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>		<input type="checkbox"/>

<b>ADDITIONAL PRACTICE LOCATION:</b>				<b>DEA # FOR THIS LOCATION:</b> [REDACTED]			
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		[REDACTED]	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Nubain	<input type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>		<input type="checkbox"/>

\*\*\*\* List any additional locations on the 2<sup>nd</sup> page of this form and place a check mark here:

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



Date: \_\_\_\_\_

5/17/15

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

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

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Street Address				City/State/Zip Code			
1250 E. Apache #108				Tempe, AZ 85281			
Phone Number				Fax Number		E Mail	
480-966-4728				480-921-8712		[REDACTED]	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Nubain	<input type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>		<input type="checkbox"/>

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

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

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

<b>ADDITIONAL PRACTICE LOCATION:</b>				<b>DEA # FOR THIS LOCATION:</b>			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Nubain	<input type="checkbox"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>		<input type="checkbox"/>

<b>ADDITIONAL PRACTICE LOCATION:</b>				<b>DEA # FOR THIS LOCATION:</b>			
Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Nubain	<input type="checkbox"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>		<input type="checkbox"/>

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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012
ORENSTEIN, DAVID H MD PPAZ 2255 N WYATT DR TUCSON, AZ 85712-0000		

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

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012

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

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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2015	\$731
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		

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

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WASHINGTON D.C. 20537

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[REDACTED]	12-31-2015	\$731
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		

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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-01-2012
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

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

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 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-01-2012
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

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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OK 170482

# ARIZONA MEDICAL BOARD

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

RECEIVED  
JUN 01 2016  
ARIZONA  
MEDICAL BOARD

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: David Harris Orenstein, MD

MD LICENSE #: 15128

SPECIALTY: OBGYN

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

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

### PLEASE NOTE

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

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

Dispensing location information correct     Copy of DEA attached     Remove this location

 ENTERED

Physician's Signature: David H. Orenstein MD

Date: 5-6-2016



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



10014802/001814

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

**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
[REDACTED]	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

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Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5.	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

**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 (4/07)

**REPORT  
CHANGES  
PROMPTLY**

**REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE**

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

1. visit our web site at [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-8839 - or
3. submit your change(s) in writing to:  
 Drug Enforcement Administration  
 P.O. Box 28883  
 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: -----

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



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	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		

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

Sections 304 and 1008 (21 USC 824 and 956) 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**  
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2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000		

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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		

**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**

Form DEA-223/511 (4/07)

**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](http://deadiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-6539 - or
3. submit your change(s) in writing to:

Drug Enforcement Administration  
 P.O. Box 26883  
 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: -----

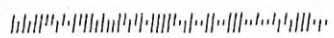


Planned  
Parenthood®  
Care. No matter what.

Planned Parenthood Arizona, Inc.

4751 N. 15<sup>th</sup> Street  
Phoenix, AZ 85014

Arizona Medical Board  
9545 E. Doubletree Ranch Rd  
Scottsdale, AZ 85258



RECEIVED

JUN 28 2017

ARIZONA MEDICAL BOARD

ARIZONA MEDICAL BOARD

2545 E. Doubletree Ranch Road, Scottsdale, Arizona 85258 Telephone: (480) 551-2700 Fax (480) 551-2707 Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: David H. Orenstein

LICENSE #: 15128 SPECIALTY: Obstetrics & Gynecology

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.
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PLEASE NOTE

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

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Form with fields for Street Address (1837 E. Baseline Road), City/State/Zip Code (Tempe, AZ 85283), Phone Number (602-200-2129), Fax Number (602-296-0154), and checkboxes for Schedule II-IV Drugs, Schedule III-V Drugs, Prescription-Only Drugs, and Prescription Devices.

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Form with fields for Street Address (5771 W. Eugie Avenue), City/State/Zip Code (Glendale, AZ 86304), Phone Number (602-200-2129), Fax Number (602-296-0154), and checkboxes for Schedule II-IV Drugs, Schedule III-V Drugs, Prescription-Only Drugs, and Prescription Devices.

\*\*\*\* List any additional locations on the 2nd page of this form and place a check mark here:

Empty checkbox

Physician's Signature:

Handwritten signature of David H. Orenstein, MD

Date:

6-27-17

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

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





Registration Update Request Successfully Submitted.

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

Internet Tracking number: [REDACTED]  
Registration Control Number is: [REDACTED]

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

RECEIVED  
JUN 28 2017

ARIZONA MEDICAL BOARD

**First Name, MI:** DAVID H MD ,  
**Last Name:** ORENSTEIN  
**Address:** 1837 E. Baseline Road  
**City:** TEMPE  
**State:** AZ  
**Zip:** 85283  
**Business Phone:** 602 277 7526  
**POC Name** Catherine Pisani  
**POC Email** [REDACTED]  
**POC Cell Phone** [REDACTED]  
**Drug Schedules:** 2 2N 3N 4 5  
**State License:** Number: 15128  
 State: AZ  
 Expires: 01 - 12 - 2016  
  
**State Controlled Substance License:** Number:  
 Expires: --



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JUN 28 2017

ARIZONA MEDICAL BOARD

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



1001 AR02/001815

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	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		

**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 Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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2,2N, 3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000		

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Form DEA-223 (4/07)



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JUN 28 2017

ARIZONA MEDICAL BOARD

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



7007 4802/001817 4

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

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

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DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

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Form DEA-223 (4/07)



103/638 1:5 ORENSTEIN, DAVID H MD  
 4751 N. 15TH STREET  
 PHOENIX, AZ 85014-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	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		

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

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 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2018	\$731
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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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DEA REGISTRATION NUMBER [REDACTED]	THIS REGISTRATION EXPIRES 12-31-2018	FEE PAID \$731
SCHEDULES 2,2N, 3N,4,5.	BUSINESS ACTIVITY PRACTITIONER	ISSUE DATE 12-17-2015
ORENSTEIN, DAVID H MD 1837 E. BASELINE ROAD TEMPE, AZ 85283-1501		

**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

1. visit our web site at [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov) - or
2. 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 22162-2639**

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

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JUN 06 2018

ARIZONA  
MEDICAL BOARD

Initial Registration Fee \$200 (per physician)

Renewal Registration Fee \$150 (per physician)

First Name:  Initial:  Last Name:

License Number:  Specialty:

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

**PLEASE NOTE**

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

**PRIMARY PRACTICE LOCATION:**      DEA# for this location:

Address:  City:  State:  Zip:

Phone:  Fax:  Email:

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

**ADDITIONAL PRACTICE LOCATION:**      DEA# for this location:

Address:  City:  State:  Zip:

Phone:  Fax:  Email:

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

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

10014802/001674

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



RECEIVED

JUN 06 2018

ARIZONA  
MEDICAL BOARD

\$150  
cc

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-17-2015
ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000		

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

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

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Form DEA-223 (4/07)



103/638  
 1:5 ORENSTEIN, DAVID H MD  
 4751 N. 15TH STREET  
 PHOENIX, AZ 85014-0000



10022801.2/002075

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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ORENSTEIN, DAVID H MD 1837 E. BASELINE ROAD TEMPE, AZ 85283-1501		

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 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

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 WASHINGTON D.C. 20537

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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.

4751 N. 15<sup>th</sup> St.  
Phoenix, AZ 85014  
602.277.7526 Tel  
602.277.5243 Fax

www.ppaz.org

1 Junè 2018

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

RECEIVED

JUN 06 2018  
ARIZONA  
MEDICAL BOARD

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 [REDACTED] if additional information is required.

Best Regards,

*Catherine Pisani*

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.*

**ARIZONA MEDICAL BOARD  
2003 BIENNIAL MD LICENSE RENEWAL APPLICATION**

*Pd cc*

AZ MD Lic#: 15128 David H. Orenstein, MD

Renewal Fee: **\$500**

**\$850** (if postmarked after 10/12/2003)

CURRENT INFORMATION <small>(Please review and make corrections as necessary.)</small>	CORRECTIONS
<b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS &amp; PHONE NUMBER</b> 755 E McDowell Rd Phoenix AZ 85006-2506	<b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS</b> 5651 N. 7 <sup>TH</sup> ST PHOENIX AZ 85014-2500
Phone #: (602) 271-5113 Fax #: (602) 271-3066	Phone #: (602) 277-7526 Fax #: (602) 277-5243
E-Mail:	E-Mail:
<b>MAILING ADDRESS</b> 755 E McDowell Rd Phoenix AZ 85006-2506	<b>MAILING ADDRESS</b> [REDACTED]
<b>HOME ADDRESS</b> [REDACTED]	<b>HOME ADDRESS</b>
Phone #: [REDACTED] Fax #: [REDACTED]	Phone #: [REDACTED] Fax #: [REDACTED]
E-Mail: [REDACTED]	E-Mail: [REDACTED]
	Cell Phone #: [REDACTED] (Optional)

**RECEIVED**  
SEP 8 2003  
By \_\_\_\_\_

AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE	Select from the attached list of Self-Designated "Field of Practice" Codes			
Certified?	Practicing?			
OBG	N	Y	Certified?	Practicing?

Make corrections if necessary

**I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Other than in Arizona, are you currently under investigation by any medical board or peer review body?  Yes  No
2. Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back)  Yes  No
3. Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions)  Yes  No
4. 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? (see instructions)  Yes  No
5. Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions)  Yes  No
6. Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions)  Yes  No
7. Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?  Yes  No
8. Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited?  Yes  No
9. Have you been denied a license in another state? If yes, State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_  Yes  No
10. 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?  Yes  No  
If yes, please attach an explanation and applicable court docket. See instructions on back.
11. Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you?  Yes  No

If the answer is "yes" to any of the above questions, please provide a complete written explanation. If malpractice cases are reported, please include: the case number, venue, plaintiff name, and attorney names/addresses/phone numbers.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2001 and 2002, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted) *David H. Orenstein MD* Date 8/25/03



**NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FOR IS INCLUDED WITH YOUR RENEWAL PACKET**



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

6086

AZ MD Lic#: 15128 David H. Orenstein, MD

Renewal Fee: **\$500**

**\$850** (if postmarked after 10/12/2005)

CURRENT INFORMATION <small>Please review and make corrections as necessary. -&gt;</small>	CORRECTIONS
<b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS &amp; PHONE NUMBER</b> 5651 N 7th St Phoenix AZ 85014-2500  Phone #: (602) 277-7526 Fax #: (602) 277-5243 E-Mail: [REDACTED]	<b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS</b>    Phone #: (602) 263-2223 Fax #: (602) 604-0159 E-Mail:
<b>MAILING ADDRESS</b> [REDACTED]	<b>MAILING ADDRESS</b>    
<b>HOME ADDRESS</b> [REDACTED]	<b>HOME ADDRESS</b>    
Phone #: [REDACTED] Fax #: [REDACTED] E-Mail: [REDACTED]	Phone #: [REDACTED] Fax #: [REDACTED] E-Mail: [REDACTED] Cell Phone #: [REDACTED] (Optional)

**RECEIVED**  
SEP - 1 2005  
BY

**AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:**

Select from the attached list of Self-Designated "Field of Practice" Codes

OBG	Certified?		Practicing?
	N	Y	

Make corrections if necessary

**I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- Other than in Arizona, are you currently under investigation by any medical board or peer review body?  Yes  No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back)  Yes  No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions)  Yes  No
- 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? (see instructions)  Yes  No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions)  Yes  No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions)  Yes  No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?  Yes  No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited?  Yes  No
- Have you been denied a license in another state? If yes, State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_  Yes  No
- 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?  Yes  No  
**If yes, please attach an explanation and applicable court docket. See instructions on back.**
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you?  Yes  No

**If the answer is "yes" to any of the above questions, please provide a complete written explanation to include dates. If malpractice cases are reported, please include: a copy of the complaint and settlement agreement/judgment.**

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2003 and 2004, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)  
David H. Orenstein, MD

8-15-05  
Date



**NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM IS INCLUDED WITH YOUR RENEWAL PACKET**

# ARIZONA MEDICAL BOARD CL 6204

## 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 Please review and make corrections as necessary™	CORRECTIONS
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER 5651 N 7th St Phoenix AZ 85014-2500	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
Phone #: (602) 263-2223 Fax #: (602) 604-0159	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail:
MAILING ADDRESS [REDACTED]	MAILING ADDRESS
HOME ADDRESS [REDACTED]	HOME ADDRESS
Phone #: [REDACTED] Fax #:	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail:
Mobile #:	Mobile #: (Optional)

JUL 24 2007  
ARIZONA  
MEDICAL BOARD

**AMERICAN BOARD OF MEDICAL SPECIALTY CERTIFICATIONS AND FIELDS OF PRACTICE:**

*Only certifications from ABMS will be shown in your profile on the website.* Please indicate expiration date or lifetime certificate.

	Certified?	Practicing?		Certified?	Practicing?	Expiration Date	Initials Required
OBG	N	Y <i>(initials)</i>	Make corrections if necessary INITIALS REQUIRED				

If you don't verify the above fields by your initials the ABMS certification will be removed from your profile on the website.

**REQUEST FOR CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS** (I have read and meet the requirements for Inactive status as listed in the instructions)
- CANCELLATION** (I have read and meet the requirements to cancel my license as listed in the instructions)

**I hereby certify, under penalty of perjury by my signature below 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 calendar years 2005 and 2006 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. §32-3211.

*David H. Orenstein MD*

*7-23-07*

Signature of Licensee (Signature stamp will not be accepted)

Date

15128 David H. Orenstein, MD

SEE REVERSE SIDE


1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
3. Since your last renewal have you voluntarily surrendered any healthcare license?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4. Since your last renewal have you had any healthcare license revoked?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

**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.

15128 David H. Orenstein, MD

INITIALS REQUIRED

 \_\_\_\_\_

## Individual - David Harris Orenstein

2009 Renewal

License# License Type

15128 MD License

\*\*\*\*\*

1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?

If Yes, describe

2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?

If Yes, describe

3. Since your last renewal have you voluntarily surrendered any healthcare license?

If Yes, describe

4. Since your last renewal have you had any healthcare license revoked?

If Yes, describe

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?

If Yes, describe

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?

If Yes, describe

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.

If Yes, describe

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?

If Yes, describe

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.

If Yes, describe

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?

If Yes, describe

11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?

If Yes, describe

12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?

If Yes, describe

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?

If Yes, describe

\*\*\*\*\*

# Individual - David Harris Orenstein

2009 Renewal

License# License Type

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?

If Yes, describe

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

If Yes, describe

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.

If Yes, describe

\*\*\*\*\*

## Individual - David Harris Orenstein

2011 Renewal

License# License Type

15128 MD License

\*\*\*\*\*

1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?

If Yes, describe

2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?

If Yes, describe

3. Since your last renewal have you voluntarily surrendered any healthcare license?

If Yes, describe

4. Since your last renewal have you had any healthcare license revoked?

If Yes, describe

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?

If Yes, describe

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?

If Yes, describe

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.

If Yes, describe

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?

If Yes, describe

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.

If Yes, describe

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?

If Yes, describe

11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?

If Yes, describe

12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?

If Yes, describe

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?

If Yes, describe

\*\*\*\*\*



**Individual - David Harris Orenstein**

2011 Renewal

License# License Type

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?

If Yes, describe

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

If Yes, describe

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.

If Yes, describe

\*\*\*\*\*

# Arizona Medical Board: License Renewal Questions

David

Orenstein

2013

License # 15128

Professional Conduct

1. 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 or state government?

No

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?

No

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

1. Since your last renewal have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine including a diagnosis or treatment for any psychotic disorder or substance abuse disorder?

2. Since your last renewal, have you consumed intoxicating beverages resulting in your ability being impaired or limited to exercise the judgment and skills of a medical professional?



## Arizona Medical Board

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

### Governor

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Chair  
Physician Member

**James Gillard, M.D.**  
Vice-Chair  
Physician Member

**Jodi Bain, Esq.**  
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Public Member

Marc Berg, M.D.  
Physician Member

Donna Brister  
Public Member

R. Screven Farmer, M.D.  
Physician Member

Robert E. Fromm, M.D.  
Physician Member

Paul S. Gerding, Esq.  
Public Member

Edward G. Paul, M.D.  
Physician Member

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  
[REDACTED]

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 NOT fax photos; they do not come across clear. Scanned copies or pictures of the photo may be emailed or mailed\*\***

***PLEASE NOTE: 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 "YES", 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 for medical licensure denied or rejected by another state or province licensing board? If so, provide an explanation.

**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? If 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***

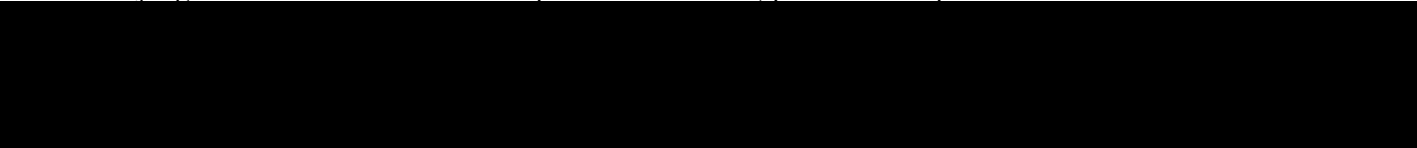
***In the event you answer YES to any of the below questions***, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name of healthcare providers and treatment centers where you were treated, along with the discharge summary of your 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<sup>™</sup>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***

*I am a U.S. Citizen or U.S. National*

### ***Specialties***

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

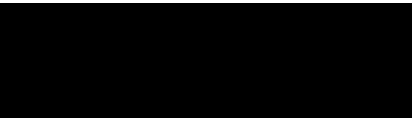
**You are required to enter a valid address, if you have one.**

### ***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 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. Â§32-1434 and A.A.C. Â§ 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. Â§32-3211.

I Agree

<b>Yes</b>	<b>No</b>
------------	-----------

***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 "YES", 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 state 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**

8) This question has been deleted

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**

### ***Physical/Mental Health and Substance Abuse Questions***

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 are currently participating. C) A copy of any public or confidential agreement or order relating to the use, disorder, or 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.

2) This question has been deleted.

### ***Citizenship Status***

*I am a U.S. Citizen or U.S. National*

***Specialties***

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

***Practice Address***

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

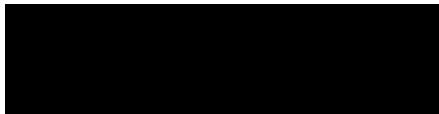
**You are required to enter a valid address, if you have one.**

***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. Â§32-1434 and A.A.C. Â§ 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. Â§32-3211.

I Agree

<b>Yes</b>	<b>No</b>
------------	-----------

***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.



# Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514  
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704  
Website: www.azmboard.org • Email: questions@azmboard.org

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Janet Napolitano

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Physician Member

Sharon B. Megdal, Ph.D.  
Vice Chairman  
Public Member

Robert P. Goldfarb, M.D.  
Secretary  
Physician Member

Patrick N. Connell, M.D.  
Physician Member

Ronnie R. Cox, Ph.D.  
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Tim B. Hunter, M.D.  
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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



# Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514  
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704  
Website: www.azmdboard.org • Email: questions@azmdboard.org

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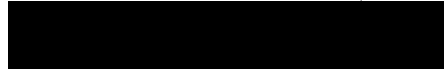
Cherie Pennington  
Director of Human Resources

Gary Oglesby  
Chief Information Officer

November 1, 2004

## PERSONAL and CONFIDENTIAL

David Orenstein, M.D.



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 Arizona 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



## Arizona Medical Board

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October 14, 2009

David Harris Orenstein, M.D.  
[REDACTED]

**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