

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

~~305 South St.~~ 305 South St.
~~J.P. MA 02130~~ J.P. MA 02130



CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

The below named is hereby registered in accordance with Massachusetts General Laws, Chapter 94C

MASSACHUSETTS REGISTRATION NO.	SCHEDULES	ACTIVITY	EXPIRATION DATE
MD0259209	2,3,4,5,6	PHYSICIAN	

DELLI-BOVI, LAURENT C. MD
redacted

For official use only
CONTROL NO.
0020618

41986 11-28-77
9-3-80
9-30-80

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

~~305 South St.~~ 305 South St.
~~J.P. MA 02130~~ J.P. MA 02130



CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

The below named is hereby registered in accordance with Massachusetts General Laws, Chapter 94C.

MASSACHUSETTS REGISTRATION NO.	SCHEDULES	ACTIVITY	EXPIRATION DATE
MD0259209	2,3,4,5,6	PHYSICIAN	

DELLI-BOVI, LAURENT C. MD
redacted

For official use only
CONTROL NO.
0020618

41986 11-28-77
9-3-80
9-30-80

address change

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR REGISTRATION under the CONTROLLED SUBSTANCES ACT
MASSACHUSETTS GENERAL LAWS Chapter 94C

REGISTRATION CLASSIFICATION

Circle one only MD, DMD, DDS, DVM, ~~VMD~~, ~~DO~~, DPM

Print or type Registrant's Name and Business Address:

Dr. Laurent C. Delli-Bovi
redacted

RECEIVED
APR 18 1989
DEPT. OF PUBLIC HEALTH
DIV. OF FOOD & DRUGS

Registration Fee \$50.00
Check or Money Order
Should be made payable to:
Commonwealth of Massachusetts
Enclose copy of current Massachusetts
Medical License.

DEPARTMENT OF PUBLIC HEALTH
Division of Food and Drugs
Controlled Substances
Registration Program
305 South Street
Jamaica Plain, MA 02130

MAIL TO

Correct above name and address if necessary. ANSWER QUESTIONS ON REVERSE SIDE

Telephone No. redacted

Drug Schedule (Check all applicable):

- Schedule II
- Schedule III
- Schedule IV
- Schedule V
- Schedule VI*

*Schedule VI Drugs are all prescription drugs not listed in Federal Schedules II thru V

MASSACHUSETTS

Medical License No. # 41986

Copy of Medical License must accompany application

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- a) Are you currently authorized to distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the Schedules for which you are applying under the laws of the state or jurisdiction in which you are operating? YES NO
- b) Has the applicant been convicted of any violation of State or Federal law relating to the manufacture, distribution, or dispensing of controlled substances? YES* NO
- c) Has any previous registration held by the applicant under any name, or corporate or legal entity under CSA been surrendered, revoked, suspended, denied or is it pending such action? YES* NO

*If yes, attach letter setting forth circumstances of such action.

Note: Any person intending to conduct clinical research with any schedule I substance or any schedule II narcotic must obtain a "researcher" registration by submitting a separate application form.

I hereby certify that the information on this application is true to the best of my knowledge and that I will comply with the laws of the Commonwealth of Massachusetts and all rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to M.G.L. c.62C s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under the law.

Signed under the penalties of perjury: Signature of applicant or authorized individual: Laurent C. Delli-Bovi
 Print Name LAURENT C. DELLI-BOVI, M.D. Date of Application 4/11/89 Social Security or Federal Identification No. redacted

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA. 02130



REGISTRATION
IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAWS CHAPTER 94C

NUMBER	ISSUED	EXPIRES	TYPE
MD 0259200	5/17/89		CONTROLLED SUBSTANCE PRACTITIONER SCHEDULES 2,3,4,5,6

ISSUED TO
DELLI-BOVI, LAURENT C. M.D.
redacted

Laurent C. Delli-Bovi

COMMISSIONER OF PUBLIC HEALTH

ADDRESS CHANGE

17880

BOARD OF REGISTRATION IN MEDICINE
Michael S. Dukakis, Governor
Paula W. Gold, Secretary
Russell Rowell, M.D., Chairman
Barbara Neuman, Executive Director
ISSUES THIS LICENSE TO
LAURENT C. DELLI-ROSSI, M.D.
redacted redacted

AS A REGISTERED PHYSICIAN
41986 04/25/89 660524
REGISTRATION NO. EXPIRATION DATE SERIAL NO.

RECEIVED
APR 18 1989
DEPT. OF PUBLIC HEALTH
DIV. OF FOOD & DRUGS

COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR REGISTRATION under the CONTROLLED SUBSTANCES ACT
MASSACHUSETTS GENERAL LAWS Chapter 94C

P.O. 912531

REGISTRATION CLASSIFICATION

Circle one only MD DMD DDS DVM VMD DO DPM

Print or type Registrant's Name and Business Address:

Laurent Delli-Bovi, M.D.
redacted
redacted
JUL 27 1992

Telephone No. redacted
area code

To receive controlled substances registration:

1. Complete both sides of card
2. Enclose check or money order for \$50 payable to Commonwealth of Massachusetts
3. Enclose copy of current Massachusetts Medical License
4. Mail to:
DEPARTMENT OF PUBLIC HEALTH
Division of Food and Drugs
305 South Street
Jamaica Plain, MA 02130

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

CHAPTER 94C

IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAWS

NUMBER MDO478996A ISSUED 07/27/92 EXPIRES TYPE CONTROLLED SUBSTANCES PRACTITIONER SCHEDULES 2,3,4,5,6

ISSUED TO

DELLI-BOVI, LAURENT, MD
redacted

David A. Sullivan
COMMISSIONER OF PUBLIC HEALTH

048567

Drug Schedule (Check all applicable):

- Schedule II
- Schedule III
- Schedule IV
- Schedule V
- Schedule VI*

*Schedule VI Drugs are all prescription drugs not listed in Federal Schedules II thru V

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- a) Are you currently authorized to distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the Schedules for which you are applying under the laws of the state or jurisdiction in which you are operating? YES NO
- b) Has the applicant been convicted of any violation of State or Federal law relating to the manufacture, distribution, or dispensing of controlled substances? YES* NO
- c) Has any previous registration held by the applicant under any name, or corporate or legal entity under CSA been surrendered, revoked, suspended, denied or is it pending such action? YES* NO

*If yes, attach letter setting forth circumstances of such action.

DEA Number (if available) AD9537955

Massachusetts Medical License (Registration) Number: MD 0259209

Note: Any person intending to conduct clinical research with any schedule I substance or any schedule II narcotic must obtain a "researcher" registration by submitting a separate application form.

I hereby certify that the information on this application is true to the best of my knowledge and that I will comply with the laws of the Commonwealth of Massachusetts and all rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to M.G.L. c.62C s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under the law.

Signed under the penalties of perjury. Signature of applicant or authorized individual: Lawrence C. Della-Bona MD

Print Name: LAWRENCE C. DELLA-BONA MD Date of Application: 6/24/97 Social Security or Federal Identification Number: redacted

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
William F. Weld, Governor

Andrew G. Bodnar, M.D., J.D.
Chairman

Alexander F. Fleming
Executive Director

ISSUES THIS LICENSE TO

LAURENT C DELLI-BOVI M.D.

redacted

AS A REGISTERED PHYSICIAN

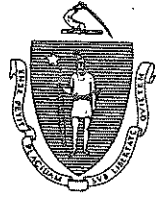
41986

04/25/93

1034648

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA. 02130



REGISTRATION IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAWS

Chapter 94C

NUMBER	ISSUED	EXPIRES	TYPE
NDD047898EAR	04/04/1996		CONTROLLED SUBSTANCES PRACTITIONER SCHEDULES II, III, IV, V, VI

ISSUED TO

DELLI-FOWE, LAURENT MD
redacted

A handwritten signature in cursive script, likely belonging to the Commissioner of Public Health.

COMMISSIONER OF PUBLIC HEALTH

RECALL

135555



**Commonwealth of Massachusetts Department of Public Health
Registration Application Form**
Authorized under Massachusetts General Law Chapter 94C, Controlled Substances Act

<p><input type="checkbox"/> Please check box if not registering and state reason (retired, out of state, declined, deceased, etc.)</p> <hr/> <p align="center">DEA Number AD9537955 *AD9537955*</p>	<p>To receive a MA controlled substances registration:</p> <p>A. Fill out form completely. Type or print clearly, answering all required questions</p> <p>B. Enclose \$50 check or money order payable to Commonwealth of Massachusetts</p> <p>C. Enclose copy of <u>current Massachusetts Board of Reg. Medical/Dental/Podiatry/Veterinary License</u></p> <p>D. Mail to:</p> <p align="center">DEPARTMENT OF PUBLIC HEALTH Division of Food and Drugs 305 South Street Jamaica Plain, MA 02130</p>
<p>LAURENT C DELLI-BOVI, MD redacted</p>	<p>1. If enclosed name and/or MA★ business address is incorrect, make corrections in this space</p> <p align="center">A</p> <p>PO Box without an address is <u>not</u> acceptable</p>
<p>2. Business Telephone # redacted</p>	
<p>3. Registration Classification (Please circle) (MD) DMD DDS DVM VMD DO DPM</p>	
<p>4. MA Board of Reg. in [Medicine/Dentistry/Podiatry/Veterinary Medicine] No. <u>41986</u> ENCLOSE COPY OF CURRENT LICENSE ↑Write Board of Registration # on above line↑</p>	
<p>5. Social Security or Federal Identification # (optional) <u>55#</u> redacted</p>	
<p>6. Drug Schedule Requested (Check all applicable) II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> VI <input checked="" type="checkbox"/></p> <p align="center">Schedule VI drugs are all prescription drugs NOT listed in Federal Schedules II through V.</p>	
<p>7. Have you been convicted of any violation of State or Federal law relation to the manufacturing, distribution or dispensing of controlled substances? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>8. Has any previous registration held by you under any name or corporate legal entity been surrendered, suspended or denied or is it pending such action? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>★Practitioners using an out-of-state address must submit a letter explaining the circumstances</p>	
<p>*If "Yes" to Question 7 or 8, a letter MUST be attached setting forth circumstances of such action(s)</p>	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to MGL c62C, s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent Delli-Bovi Date 2/28/96
windows/reclapp.doc revised 12/21/95

OK BT
4/4/96

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
William F. Weld, Governor

ISSUES THIS LICENSE TO

LAURENT C DELLI-BOVI M.D.
redacted

AS A REGISTERED PHYSICIAN

41986

REGISTRATION No.

04/25/97

EXPIRATION DATE

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA. 02130



REGISTRATION
IN ACCORDANCE WITH MASSACHUSETTS GENERAL LAWS
Chapter 94C

NUMBER	ISSUED	EXPIRES	TYPE
NDO256868AR	04/04/1996		CONTROLLED SUBSTANCES PRACTITIONER SCHEDULES II, III, IV, V, VI

ISSUED TO

DALLI-ROVI, LAURENT MD
redacted

A handwritten signature in cursive script, likely belonging to the Commissioner of Public Health.

COMMISSIONER OF PUBLIC HEALTH

RECALL

2nd loc.

135560



**Commonwealth of Massachusetts Department of Public Health
Registration Application Form**
Authorized under Massachusetts General Law Chapter 94C, Controlled Substances Act

<input type="checkbox"/> Please check box if not registering and state reason (retired, out of state, declined, deceased, etc.) <p align="center">DEA Number BD3131252 *BD3131252*</p> <p>LAURENT MD DELLI-BOVI, MD redacted</p>	<p>To receive a MA controlled substances registration:</p> <p>A. Fill out form completely. Type or print clearly, answering all required questions</p> <p>B. Enclose \$50 check or money order payable to Commonwealth of Massachusetts</p> <p>C. Enclose copy of <u>current Massachusetts Board of Reg. Medical/Dental/Podiatry/Veterinary License</u></p> <p>D. Mail to:</p> <p align="center">DEPARTMENT OF PUBLIC HEALTH Division of Food and Drugs 305 South Street Jamaica Plain, MA 02130</p>
<p>2. Business Telephone # [redacted]</p>	<p>1. If enclosed name and/or MA★ business address is incorrect, make corrections in this space</p> <p align="center">APR 25</p> <p>PO Box without an address is <u>not</u> acceptable</p>
<p>3. Registration Classification (Please circle) <u>MD</u> DMD DDS DVM VMD DO DPM</p>	
<p>4. MA Board of Reg. in [Medicine/Dentistry/Podiatry/Veterinary Medicine] No. <u>41986</u> ENCLOSE COPY OF CURRENT LICENSE ↑Write Board of Registration # on above line↑</p>	
<p>5. Social Security or Federal Identification # (optional) [redacted]</p>	
<p>6. Drug Schedule Requested (Check all applicable) II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> VI <input checked="" type="checkbox"/></p> <p align="center"><small>Schedule VI drugs are all prescription drugs NOT listed in Federal Schedules II through V.</small></p>	
<p>7. Have you been convicted of any violation of State or Federal law relation to the manufacturing, distribution or dispensing of controlled substances? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>8. Has any previous registration held by you under any name or corporate legal entity been surrendered, suspended or denied or is it pending such action? YES* <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>★Practitioners using an out-of-state address must submit a letter explaining the circumstances</p>	
<p>*If "Yes" to Question 7 or 8, a letter MUST be attached setting forth circumstances of such action(s)</p>	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to MGL c62C, s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent C. DelliBovi Date 4/1/96
windows/reclapp.doc revised 12/21/95

oxBT
4/4

Laurent C. Delli-Bovi, MD
[redacted]

April 15, 1999

Department of Public Health:

Please fax me a copy of my current Massachusetts DEA Registration. I have included the necessary copy of my new license.

If additional information is required, please contact me at the number above.

Sincerely,

Laurent C. Delli-Bovi
Laurent C. Delli-Bovi, MD

*Copy was sent
4-20-99
Both locations*

redacted

redacted

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111 (617) 727-3086. If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number. Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
Argeo Pauli Cellucci, Governor

ISSUES THIS LICENSE TO
LAURENT C DELLI-BOVI M.D.

redacted

AS A REGISTERED PHYSICIAN

41986

04/25/2001

REGISTRATION NO.

EXPIRATION DATE

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA. 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER	ISSUED	TYPE
MD0478986AS	10/20/1999	CONTROLLED SUBSTANCES PRACTITIONER
		SCHEDULES
		II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

Howard K. Koh
COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

223384



Commonwealth of Massachusetts Department of Public Health Registration Application Form

Authorized under Massachusetts General Law Chapter 94C, Controlled Substances Act

If **NOT** registering, please check the appropriate box:

- Do not prescribe, possess, sample or administer controlled substances (CII-CV & CVI; i.e. any LEGEND drug)
- Retired
- Deceased
- Declined
- Inactive
- Other: _____

To receive a MA controlled substances registration:

- A. Fill out form completely. Type or print clearly, answering all required questions
- B. Enclose \$50.00 check or money order payable to Commonwealth of Massachusetts
- C. Enclose copy of current license to practice issued by one of the following Massachusetts Boards of Registration: Medical/Dental/Podiatry/Veterinary
- D. Mail to:

DEPARTMENT OF PUBLIC HEALTH
Division of Food and Drugs
305 South Street
Jamaica Plain, MA 02130

Reference Code 13532
DR. LAURENT DELLI-BOVI
redacted

1. If enclosed name and/or MA business address is incorrect, make corrections in this space. (Practitioners using an out-of-state address must submit a letter explaining the circumstances.)

PO Box without an address is not acceptable

2. Business Telephone # redacted

3. Registration Classification (Please Circle) (MD) DMD DDS DVM VMD DO DPM

4. Massachusetts Board of Registration # 419FC ENCLOSE COPY OF CURRENT LICENSE

5. Social Security # (REQUIRED) (redacted)

6. Drug Schedule Requested (Check all applicable) II III IV V VI
Schedule VI drugs are all prescription drugs NOT listed in Federal Schedules II through V.

7. Have you been convicted of any violation of State or Federal law relation to the manufacturing, distribution or dispensing of controlled substances? YES* NO

8. Has any previous registration held by you under any name or corporate legal entity been surrendered, suspended or denied or is it pending such action? YES* NO

*If "Yes" to Question 7 or 8, a letter **MUST** be attached setting forth circumstances of such action(s)

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to MGL c62C, s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Full Signature of applicant Laurent Delli-Bovi Date 10/15/99

Recall Application *Second Notice* for All Registrants Whose Last MCSR Was Issued in APRIL, 1996

FOR OFFICE USE ONLY	
Comments:	Application Approved By <u>[Signature]</u> Date <u>10/21/99</u>

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111 (617) 727-3086.
If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number.
Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
Argeo Paul Cellucci, Governor

ISSUES THIS LICENSE TO
LAURENT C DELLI-BOVI M.D.
redacted

AS A REGISTERED PHYSICIAN

41986

04/25/2001

REGISTRATION NO.

EXPIRATION DATE

Laurent Delli-Bovi, M.D.

redacted

redacted

Telephone redacted

001 3
DEPT. OF PUBLIC HEALTH
DIV. OF HEALTH SERVICES

To: Commonwealth of Mass

From: redacted

Date: September 27, 2000

To Whom It May Concern:

Could you please fax me a copy of Laurent C. Delli-Bovi's current Controlled Substance Registration form along with a current copy of her Mass state license.

*Recall
sent
10-3-00*



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Food and Drugs
 305 South Street, Jamaica Plain, MA 02130-3597
 (617) 983-6700 (617) 524-8062 - Fax

ARGEO PAUL CELLUCCI
 GOVERNOR

WILLIAM D. O'LEARY
 SECRETARY

HOWARD K. KOH, MD, MPH
 COMMISSIONER

9/29/2000

Your application is being returned for the reason(s) checked below:

	REASON FOR RETURNED APPLICATION	ADDITIONAL INSTRUCTIONS FROM <i>DIVISION OF FOOD AND DRUGS</i>
1.	<input type="checkbox"/> Drug Schedules on back of application need to be checked off before a registration is issued	
2.	<input type="checkbox"/> A B & C on back of application must be filled out	
3.	<input type="checkbox"/> Unsigned application	<input type="checkbox"/> Unsigned check
4.	<input type="checkbox"/> Social security or Federal ID number required	
5.	<input type="checkbox"/> Check in the amount of \$50 is required Payable to The Commonwealth of Massachusetts	
6.	<input type="checkbox"/> Massachusetts business address is required	(Post office box number alone is not acceptable)
7.	<input checked="" type="checkbox"/> Copy of current Massachusetts Medical license (Board of Medicine small card with exp date) must accompany your application REQUEST	
8.	<input type="checkbox"/> Our records indicate that you have an existing registration.	<input type="checkbox"/> Second location not needed <input type="checkbox"/> Additional location needed
9.	<input type="checkbox"/> Other	

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111 (617) 727-3086.

If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number.

Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE
Argeo Paul Cellucci, Governor

ISSUES THIS LICENSE TO

LAURENT C DELLI-BOVI M.D.
redacted

AS A REGISTERED PHYSICIAN

41986

04/25/2001

REGISTRATION NO.

EXPIRATION DATE

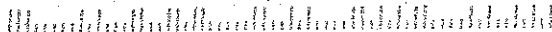
redacted



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Commonwealth of Massachusetts
Dept of Public Health
Division of Food & Drug
305 South St.
Jamaica Plain MA 02130

redacted





Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3515
Telephone (617) 983-6700 Fax (617) 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in October, 1999 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



13532

LAURENT DELLI-BOVI, MD
 redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$50.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
- Retired Deceased

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right

For items No. 1 through No. 8 enter only corrections, changes and missing information

1) Degree:
MD

2) Massachusetts Board of Registration No.:
41986

3) DEA No. (If possessed):
AD9537955

4) Name:
LAURENT DELLI-BOVI

First: _____ Middle: _____
 Last: _____ Suffix: (e.g. Jr., Sr., II, III.)

5) Business Address:
 redacted

Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.

City _____ State _____ Zip _____

6) Business Telephone No.:
 redacted

()
 area code

7) Social Security No.:
 redacted

Required by M.G.L. c. 30A, s. 13A

8) Drug Schedules requested:
II,III,IV,V,VI

Check all that apply: II III IV V VI
 Schedule VI includes all prescription drugs not in Schedules II - V.

In the boxes below enter the requested information

9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? Yes * No

10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action? Yes * No

* If you answered "Yes" to Question No. 9 or No. 10, a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent C. Delli-Bovi

Date 2/4/03

RM 3/5

IMPORTANT

If this license is lost or destroyed, notify the Board of Registration in Medicine at 10 West St., Boston, MA 02111 (617) 727-3086

If your name or address is changed, you are required to notify the Board immediately in writing. Always refer to your registration number.

Registration is subject to the provisions of the General Laws and the Board's regulations. Keep this license on your person as required by law. Provide your signature where noted on the license.

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

Argeo Paul Cellucci, Governor

ISSUES THIS LICENSE TO

LAURENT C DELLI-BOVI M.D.
redacted

AS A REGISTERED PHYSICIAN

41986

04/25/2003

REGISTRATION NO.

EXPIRATION DATE

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED
MD0478986AT 02/20/03

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

263883

FILE COPY

RECALL



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED
MD0478986AT 02/20/03

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

263883

VERIFICATION COPY

RECALL



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER
MD0478986A

ISSUED
02/09/06

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

349122

FILE COPY

RECALL



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER
MD0478986A

ISSUED
02/09/06

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

349122

VERIFICATION COPY

RECALL





Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3515
Telephone (617) 983-6700 Fax (617) 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in February, 2003 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



13532

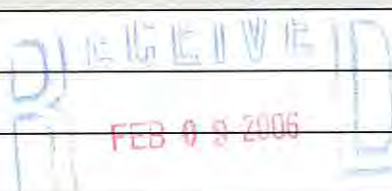
LAURENT DELLI-BOVI, MD
 redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
 Retired Deceased

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: MD	
2) Massachusetts Board of Registration No.: 41986	
3) DEA No. (If possessed): AD9537955	
4) Name: LAURENT DELLI-BOVI	
5) Business Address: redacted	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____ Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. _____ _____ City State Zip
6) Business Telephone No.: redacted	() area code
7) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: ii,iii,iv,v,vi	Check all that apply: <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI Schedule VI includes all prescription drugs not in Schedules II - V.
In the boxes below enter the requested information	
9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
* If you answered "Yes" to Question No. 9 or No. 10, a letter must be attached setting forth circumstances of such action(s).	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent C. Delli-Bovi MD

Date 2/2/06

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Laurent C Delli-Bovi M.D.
redacted

Lic. # 41986

Expires: 04/25/2007

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER	ISSUED	TYPE
MD0478986A	12/17/08	CONTROLLED SUBSTANCES PRACTITIONER
		SCHEDULES
		II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

449819

FILE COPY

ADDRESS CHANGE

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER	ISSUED	TYPE
MD0478986A	12/17/08	CONTROLLED SUBSTANCES PRACTITIONER
		SCHEDULES
		II,III,IV,V,VI

ISSUED TO DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

449819

VERIFICATION COPY

ADDRESS CHANGE

Laurent Delli-Bovi, M.D.

redacted

Telephone redacted

**Commonwealth of Massachusetts
Department of Public Health
305 South Street
Jamaica Plain, MA 02130**

February 24, 2010

To Whom It May Concern:

Please be advised that I, Laurent C. Delli-Bovi, MD have moved

from:

redacted

to:

redacted

My phone number and fax number remain that same.

Please be advised that on February 23, 2010, I changed my address on line with the Board of Registration in Medicine to update my address for my medical license (41986).

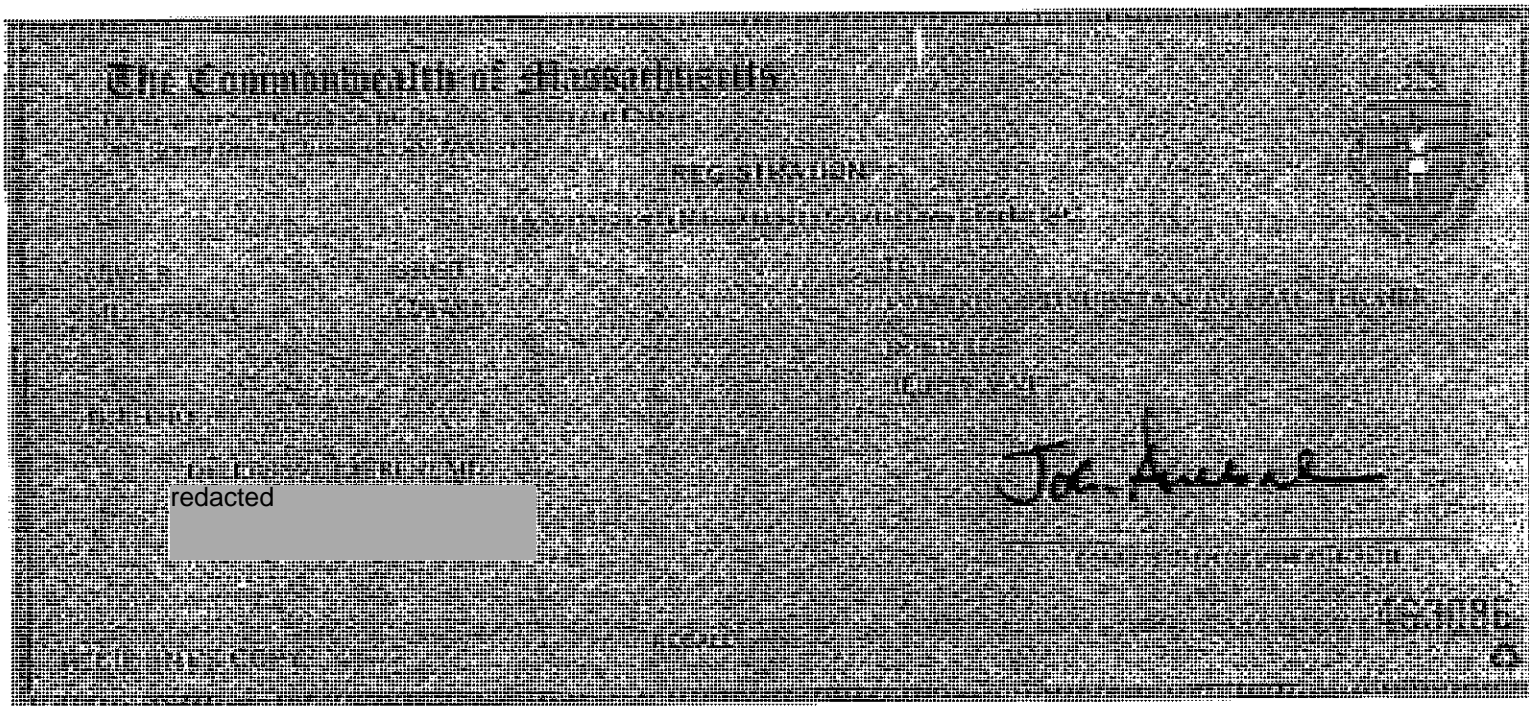
If additional information is needed, please contact me at the number above.

Sincerely,

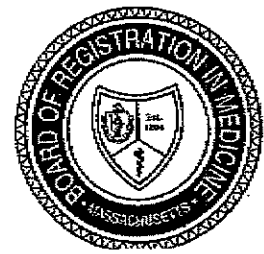
Laurent C. Delli-Bovi

Laurent C. Delli-Bovi, MD

redacted



redacted



Active License

Laurent C Dell-Boyl M.D.
redacted

Lic. # 41986
Expires: 04/25/2011

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER
MD0478986A

ISSUED
12/17/08

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

463086



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER
MD0478986A

ISSUED
12/17/08

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

463086





Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3515
Telephone (617) 983-6700 Fax (617) 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in February, 2006 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



13532

LAURENT DELLI-BOVI, MD
 redacted

DEC 17 2008

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
 Retired Deceased

Cross out: any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: MD	
2) Massachusetts Board of Registration No.: 41986	
3) DEA No. (If possessed): AD9537955	
4) Name: LAURENT DELLI-BOVI	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____
5) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. _____ _____ City _____ State _____ Zip _____
6) Business Telephone No.: redacted	(_____) area code
7) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
8) II, III, IV, V, VI	Schedule VI includes all prescription drugs not in Schedules II - V.
In the boxes below enter the requested information	
9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
* If you answered "Yes" to Question No. 9 or No. 10, a letter must be attached setting forth circumstances of such action(s).	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent C. Delli Bovi MD

Date 12/11/08

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Laurent C Delli-Bovi M.D.

redacted

Lic. # 41986

Expires: 04/25/2009

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130



REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED
MD0478986A 10/20/11

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO

DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

555748



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DIVISION OF FOOD AND DRUGS
305 SOUTH STREET, JAMAICA PLAIN, MA 02130

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C

NUMBER ISSUED
MD0478986A 10/20/11

TYPE
CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
II,III,IV,V,VI

ISSUED TO DELLI-BOVI, LAURENT MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

555748





Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3515
Telephone (617) 983-6700 Fax (617) 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 12/17/2008 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



LAURENT DELLI-BOVI, MD
 redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts";
- Enclose a photocopy of your current Board of Registration license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

OCT 20 2011

If **not** registering, please check the appropriate box and return the form to the address above.

- Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts
- Retired Deceased

DEPT OF PUBLIC HEALTH
 DIVISION OF FOOD AND DRUGS

Cross out any information needing changes in items No. 1 through No. 8 and enter corrections in the column to the right	For items No. 1 through No. 8 enter only corrections, changes and missing information
1) Degree: MD	
2) Massachusetts Board of Registration No.: 41986	
3) DEA No. (If possessed): AD9537955	
4) Name: LAURENT DELLI-BOVI	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____
5) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. _____ _____ City State Zip
6) Business Telephone No.: redacted	() area code
7) Social Security No.: redacted	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: II, III, IV, V, VI	Check all that apply: <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI Schedule VI includes all prescription drugs not in Schedules II - V.
In the boxes below enter the requested information	
9) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
10) Has any previous professional license or registration held by you under any name or corporate legal entity been revoked, suspended or denied or is it pending such action? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No	
* If you answered "Yes" to Question No. 9 or No. 10, a letter must be attached setting forth circumstances of such action(s).	

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials) Laurent C. Delli Bovi

Date 10/5/11



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6700 (617) 524-8062 - Fax

October 1, 2011

REGISTRATION RECALL NOTICE

Dear Registrant:

The Division of Food and Drugs, Drug Control Program, is responsible for enforcing the Controlled Substances Act, M.G.L. 94C, including the issuance and recall of Massachusetts Controlled Substances Registrations (MCSRs). These registrations provide accountability for the possession, prescribing, dispensing, and administration of controlled substances (Schedules II-VI).^{*} The periodic recall of MCSRs, in accordance with regulations of 105 CMR 700.004, enables the Department to maintain current and accurate records of all actively practicing registrants in Massachusetts. In addition to accountability, the Division provides primary source verification of registration status for employers. Accordingly, the Department is recalling every practitioner registration that is three years old. This letter is being sent to all practitioners who obtained a MCSR in December, 2008.

Enclosed is a registration application which must be completed and returned by December 31, 2011 along with a copy of your current **Board of Registration license** and a check for **\$150.00** payable to the Commonwealth of Massachusetts. Upon receipt of the completed application, you will be issued a new MCSR. Please note that you must obtain a separate registration for each principal place of business or professional practice at which you maintain controlled substances.

The federal Drug Enforcement Administration (DEA) is now cross-referencing the Department's files to ensure that practitioners possess the necessary state registration. Please submit the completed application for the recall of your MCSR on time since missing or incomplete applications may delay the renewal of your DEA Controlled Substances Registration. In addition, lack of a current, valid MCSR will be reflected in reports to health care facilities that request primary source verification of registrations.

If you do not possess, prescribe, dispense or administer controlled substances or if you no longer wish to retain your MCSR because of retirement, moving out of state or any other reason, please check off the appropriate box on the enclosed application and return it to the Division. Questions regarding this notice should be directed to **Marjorie Mendes**, Program Coordinator at (617) 983-6708.

^{*} Please see other side for a definition of "controlled substances".

Sincerely,


Marjorie Mendes
Program Coordinator
617-983-6708

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Laurent C Delli-Bovi M.D.
redacted

Lic. # 41986

Expires: 04/25/2013

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
99 CHAUNCY STREET, 11TH FLOOR, BOSTON, MA 02111

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER

ISSUED

TYPE

MD0478986A

09/02/2014

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II, III, IV, V, VI

ISSUED TO DELLI-BOVI, LAURENT MD

redacted

Cheyl Bartlett

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

651064



RECALL



**Application for Massachusetts Controlled Substances Registration for
 Physician, Dentist, and Podiatrist**

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 10/20/2011 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



13532

LAURENT DELLI-BOVI, MD
 redacted

Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
 - Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
 - Sign and date the form.
 - Mail the first and second page to the address above.
- Incomplete applications will be returned and will cause a delay in receiving your MCSR.
 For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

If **not** registering, please check the appropriate box and return the form to the address above.

- Retired Deceased
 I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below						
1) Degree: MD							
2) Massachusetts Board of Registration No.: 41986							
3) DEA No. (If possessed): AD9537955							
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.							
5) Name: LAURENT DELLI-BOVI	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">First:</td> <td style="width: 33%;">Middle:</td> <td style="width: 34%;"></td> </tr> <tr> <td>Last:</td> <td colspan="2">Suffix: (e.g. Jr., Sr., II, III.)</td> </tr> </table>	First:	Middle:		Last:	Suffix: (e.g. Jr., Sr., II, III.)	
First:	Middle:						
Last:	Suffix: (e.g. Jr., Sr., II, III.)						

redacted redacted redacted 333
 redacted redacted
 8/27/2014

PAY TO THE ORDER OF Commonwealth of Massachusetts

\$ **150.00

One Hundred Fifty and 00/100 ***** DOLLARS

Handwritten initials

Signature of Denise Potts
 AUTHORIZED SIGNATURE

MEMO

redacted

year):

15) MA Online PMP PIN: (If blank, please create one) Compose a four digit PIN (No letters or other non-numeric characters):
 redacted

In the boxes below enter the requested information:

Questions continue on the next page...



Commonwealth of Massachusetts, Department of Public Health, Drug Control Program

99 Chauncy Street, Boston, MA 02111

Telephone (617) 983-6700 Fax (617) 753-8233

Application for Massachusetts Controlled Substances Registration for Physician, Dentist, and Podiatrist

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 10/20/2011 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



LAURENT DELLI-BOVI, MD
redacted

Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
Sign and date the form.
Mail the first and second page to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR..

For further information visit our Web site at http://www.mass.gov/dph/dcp.

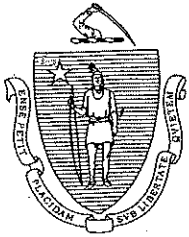
If not registering, please check the appropriate box and return the form to the address above.

- Retired
Deceased
I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right

Enter only corrections, changes and missing information below

Registration form with fields for: 1) Degree (MD), 2) Massachusetts Board of Registration No. (41986), 3) DEA No. (AD9537955), 5) Name (LAURENT DELLI-BOVI), 6) Business Address, 7) Mailing Address, 8) Business Telephone No., 9) Social Security No., 10) Drug Schedules requested (II, III, IV, V, VI), 11) E-mail Address, 12) Specialty, 13) Virtual Gateway Username, 14) Birth Month and Day, 15) MA Online PMP PIN.



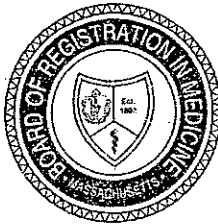
Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383



Active License

Laurent C Delli-Bovi M.D.
redacted

Lic. # 41986
Expires: 04/25/2015



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER

MD0478986A

ISSUED

07/25/2017

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II, III, IV, V, VI

ISSUED TO DELLI-BOVI, LAURENT MD

redacted

A handwritten signature in black ink, appearing to read "MBW", written over a horizontal line.

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

760941

RECALL





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
239 Causeway Street, Suite 500, Boston MA 02114

Tel: (617) 973-0949 Fax: (617) 753-8233

Recall Application for Massachusetts Controlled Substances Registration for
Physician, Dentist, and Podiatrist

Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 09/02/2014 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).

13532

LAURENT DELLI-BOVI, MD
redacted

Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
- Sign and date the form.
- Mail the first and second page to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR.
For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

If **not** registering, please check the appropriate box

- Retired Deceased
 I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below
1) Degree: MD	
2) Massachusetts Board of Registration No.: 41986	
3) DEA No. (If possessed): AD9537955	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: LAURENT DELLI-BOVI	<p>First: _____ Middle: _____</p> <p>Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____</p>
6) Business Address: redacted	<p>Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.</p> <p>City _____ State _____ Zip _____</p>
7) Mailing Address: <input type="checkbox"/> Check here if same as the address printed below the barcode above	<p>City _____ State _____ Zip _____</p>
8) Business Telephone No.: redacted	()
9) Social Security No.:	Required by M.G.L. c. 30A, s. 13A
10) Drug Schedules requested: II,III,IV,V,VI	<p>Check all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI</p> <p>Schedule VI includes all prescription drugs not in Schedules II - V.</p>
11) E-mail Address: redacted	
In the boxes below enter the requested information	
12) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

13) Has any previous professional license or registration held by you under any name or corporate legal entity been surrendered, revoked, suspended or denied or is it pending such action? Yes* No

* If you answered "Yes" to Question 12) or 13), a letter must be attached setting forth circumstances of such action(s).

Please sign and date below

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law Signed under the pains and penalties of perjury.

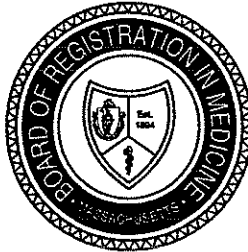
Signature of applicant (no initials)

THOMAS C. DILL-BOND

Date

7/20/17

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine



Active License

Laurent C Desjardins M.D.
redacted

Lic. # 41986
Expires: 04/25/2019

redacted

redacted

redacted

4905

7/19/2017

PAY TO THE ORDER OF Commonwealth of Massachusetts

One Hundred Fifty and 00/100*****

\$ **150.00

Commonwealth of Massachusetts

DOLLARS

EMO



Renane Fetto
AUTHORIZED SIGNATURE

redacted

For further information visit [www.mass.gov](#)

If not registering, please check the appropriate box

- Retired
- Deceased
- I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below
1) Degree: MD	Received
2) Massachusetts Board of Registration No.: 41986	
3) DEA No. (If possessed): AD9537955	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	HEALTH PRO.
5) Name: LAURENT DELLI-BOVI	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.) _____
6) Business Address: redacted	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation. City _____ State _____ Zip _____
7) Mailing Address: <input type="checkbox"/> Check here if same as the address printed below the barcode above	City _____ State _____ Zip _____
8) Business Telephone No.: redacted	()
9) Social Security No.:	Required by M.G.L. c. 30A, s. 13A
10) Drug Schedules requested: II, III, IV, V, VI	Check all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI Schedule VI includes all prescription drugs not in Schedules II - V.
11) E-mail Address: redacted	
In the boxes below enter the requested information	
12) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	