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	In Accordona	e with Massachusetts General Laws Chapter 94C	
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NUMBER	ISSUED	TYPE	
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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

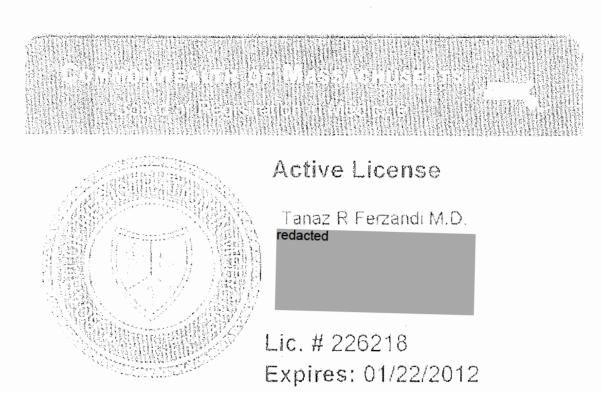
Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in 05/20/2008 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).

1 K 6 0 R 8 R I P TANAZ R FERZANDI, MD redacted	 Please be sure to: Complete the application form; Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts"; RECEIVED Enclose a photocopy of your current Board of Registration license (wallet-size); Sign and date the form at the bottom; APR 0 7 2011 Mail to the address above. DEPT OF PUBLIC HEALTH If not registering, please check the appropriate box and version to the address above. Do not prescribe, possess, dispense or administer controlled substances (i.e. prescription drugs) in Massachusetts Retired
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	
 Massachusetts Board of Registration No.: 226218 	
 DEA No. (If possessed): BF9344019 	A
4) Name: TANAZ R FERZANDI	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.
6) Business Telephone No.: (redacted	()redacted
7) Social Security No.:	Required by M.G.L. c. 30A, s. 13A
8) Drug Schedules requested: II,III,IV,V,VI	Check all that apply: II III III V V V VI Schedule VI includes all prescription drugs not in Schedules II - V.
In the boxes below enter the requested information	
or dispensing of controlled substances?	of State or Federal law relating to the manufacture, possession, distribution
suspended or denied or is it pending such actio	
* 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)

Date 03 04 2011



308 Sourie Street, de L		REGISTRATION	
	In Accordance with M	Massachusetts General Laws Chapter 94C	
NUMBER	ISSUED	TYPE	
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		SCHEDULES	
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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 July, 2005 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).

1 K 6 0 R 8 R I P TANAZ R FERZANDI, 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				
 Massachusetts Board of Registration No.: 226218 				
3) DEA No. (If possessed):	BF 93 44019			
4) Name: TANAZ R FERZANDI	First: Middle:			
5) Rusiness Address: redacted	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. redacted City redacted State redacted			
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: \Box II \Box III \Box IV \Box V \Box VI Schedule VI includes all prescription drugs not in Schedules II - V.			
In the boxes below enter the requested information				
or dispensing of controlled substances?	of State or Federal law relating to the manufacture, possession, distribution			
suspended or denied or is it pending such action				
* 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	h 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. MAY 2 0 2008

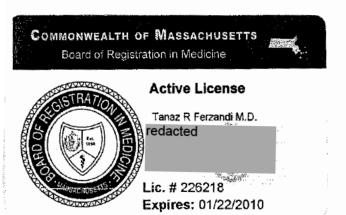
Signed under the pains and penalties of perjury.

Signature of applicant (no initials)

Date 05-09-2008

Notice Date: 05/01/2008

Rev. 20020128



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		ssachusetts General Laws Chapter 94C	RES
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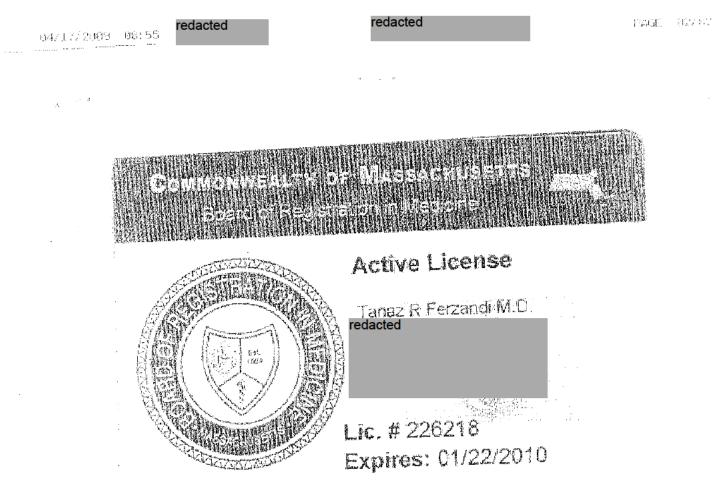
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To:		rolled Subs Dept_			
Fax #	(617) 524	4-8062	Phone #:	(617) 983-6700	
RE	Change of A	Address			
From:	redacted	(for Tanaz R.	Ferzandi, M.D.)		
Number	of pages, includir	ig this cover sheet	: 2		
					Side 2000-10
NOTES	COMMENTS:				
_X (Please confirm	n receipt	Please Comment	
Please c	hange the addres	s on your records f	for Dr Tanaz R. Fe	rzanur v	
Current redacted	Address:				

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if this was sent to you in error, please notify us at the telephone number listed above.



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Tele		11 53-8233 es Registration for
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3) DEA No. (If possessed): BF9344019		
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5) Name: TANAZ R FERZANDI	First:	Boton MA 02111
6) Business Address: redacted	Last: 487	Suffix: (e.g. Jr., Sr., II, III.) nber without a street address cannot ire a letter of explanation.
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instructions): 14) Birth Month and Day [MMDD] (Do not inclu		

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Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs 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 04/07/2011 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).
Please print clearly be sure to:
• Enclose check or money order for \$150.00 made payable to
"Commentument of Massachusette"

- -	K 6 0 R 8 R I P TANAZ R FERZANDI, MD redacted	 Enclose check of 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 I do not pr	escribe/possess/disp	Deceased ense/administer control	rolled substances in MA
	ss out any information needing changes and enter ections in the column to the right	Enter only co	rrections, changes a	nd missing information	n below
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2)	Massachusetts Board of Registration No.: 226218			RECEIV	ED
3)	DEA No. (If possessed): BF9344019			a data dar men a	term to the
4)	List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.			FEB 1 0 20 MA Dept. of Public	
5)	Name: TANAZ R FERZANDI	First: Last:	1	Middle: ⁰²¹ Suffix: (e.g	ul 11 . Jr., Sr., II, III.)
	Business Address: edacted	Applications		Box number without a ses require a letter of State	a street address cannot
7)	Mailing Address: Check here if same as the address printed below the barcode above	City			Zip
8)	redacted Tolophone No.:	()			
9)	redacted	Required by	M.G.L. c. 30A, s. 13	BA	
,	Drug Schedules requested: II,III,IV,V,VI	Check all the redacted	at apply: 🔲 II	D III D IV	□ V □ VI hedules II - V.
	E-mail Address:				
	Specialty (Enter up to 3 codes from the Specialty Code List):	OBGN			
	Virtual Gateway Username (If possessed, see instructions):	rodestal			
	Birth Month and Day [MMDD] (Do not include year):	redacted			
15)	MA Online PMP PIN: (If blank, please create one)	redacted	four digit PIN (No le	etters or other non-nu	umeric characters):

In the boxes below enter the requested information Questions continue on the next page...

2



Commonwealth of Massachusetts Board of Registration in Medicine

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

DEVAL L. PATRICK GOVERNOR

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

Tanaz R Ferzandi M.D. redacted

11/18/2013

LICENSE EXPIRATION DATE: 01/22/2016 LICENSE # 226218

Dear Dr. Ferzandi :

Thank you for renewing your Massachusetts license to practice medicine and for your continued service to the people of the Commonwealth. A plastic wallet card is enclosed. Please note that your license will expire on your birthday on 1/22/2016.

Your next full renewal notice will be sent to the mailing address you provided on your license application. Your renewal notice will be mailed to you at least 60 days before your license expires.

If you change your home, business, or mailing address, you must notify the Board within 30 days. To change your address, please go to:

http://www.mass.gov/massmedboard/renewals

Login to the Online License Renewal (OLR) system and change your address online. If you have forgotten your username or password, click on the recovery button(s) in the orange login box. If you do not have Internet access, you may fax your new address information to the Licensing Division at (781) 876-8383.

Please review your Physician Profile at the Board's website. You may revise the information on your Profile by returning to OLR and making changes online. Forms for requesting a license verification, Continuing Professional Development (formerly called CME) resources and other information are available at the Board's website at <u>http://www.mass.gov/massmedboard</u>.

Sincerely,

Candace Lapidus Stoone, mo

Candace Lapidus Sloane, M.D., Chair Board of Registration in Medicine COMMONWEALTH OF MASSACHUSETTS

