

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
MF0597407A

ISSUED
04/07/11

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

ISSUED TO

FERZANDI, TANAZ R MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

523158



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



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CONTROLLED SUBSTANCES PRACTITIONER
SCHEDULES
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ISSUED TO FERZANDI, TANAZ R MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

523158





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).



1K60R8RIP

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.

RECEIVED
APR 07 2011

DEPT OF PUBLIC HEALTH
DIVISION OF FOOD AND DRUGS

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.: 226218	
3) DEA No. (If possessed): BF9344019	
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. _____ _____ City _____ State _____ Zip _____
6) Business Telephone No.: (redacted)	(redacted) _____ area code _____
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: <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.
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) Tanaz R. Ferzandi

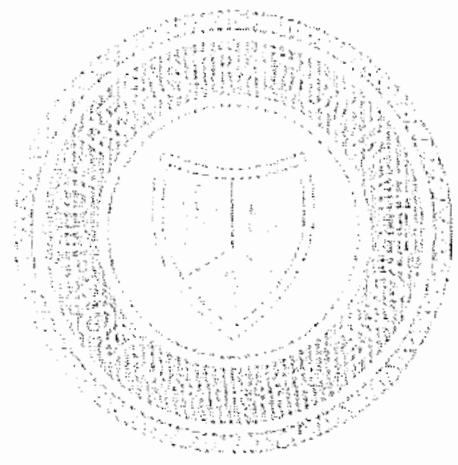
Date 03/04/2011



Active License

Tanaz R Ferzandi M.D.

redacted



Lic. # 226218

Expires: 01/22/2012

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

MF0597407A

ISSUED

05/20/08

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

FERZANDI, TANAZ R MD

redacted

COMMISSIONER OF PUBLIC HEALTH

425345

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

MF0597407A

ISSUED

05/20/08

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO FERZANDI, TANAZ R MD

redacted

COMMISSIONER OF PUBLIC HEALTH

425345

VERIFICA

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 July, 2005 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



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	
2) Massachusetts Board of Registration No.: 226218	
3) DEA No. (If possessed):	BF 93 44019
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. redacted City: redacted State: redacted Zip: 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: <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.
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) Tanaz Ferzandi

Date 05-09-2008

MAY 20 2008

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Tanaz R Ferzandi M.D.

redacted

Lic. # 226218

Expires: 01/22/2010

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
MF0597407A

ISSUED
05/20/08

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

ISSUED TO

FERZANDI, TANAZ R MD
redacted

COMMISSIONER OF PUBLIC HEALTH

490717

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
MF0597407A

ISSUED
05/20/08

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

ISSUED TO FERZANDI, TANAZ R MD
redacted

COMMISSIONER OF PUBLIC HEALTH

490717

VERIFICATION COPY

ADDRESS CHANGE

FACSIMILE TRANSMITTAL SHEET

redacted

Date: 4-17-2009

To: MA Controlled Subs Dept Company:

Fax #: (617) 524-8062 Phone #: (617) 983-6700

RE Change of Address

From: redacted (for Tanaz R. Ferzandi, M.D.)

Number of pages, including this cover sheet: 2

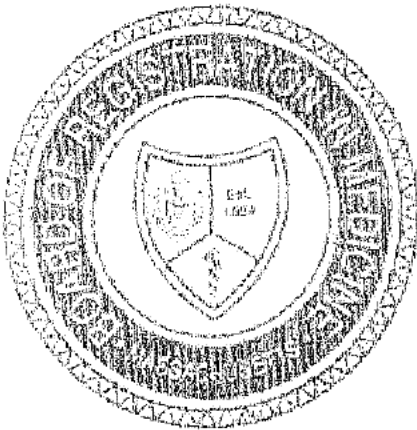
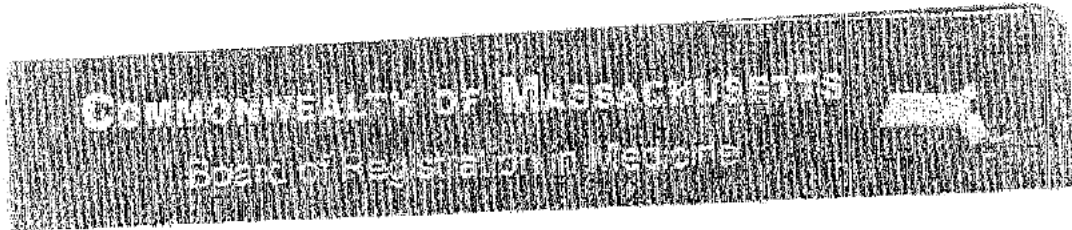
NOTES / COMMENTS:

Urgent Please confirm receipt Please Comment

Please change the address on your records for Dr Tanaz R. Ferzandi

Current Address: redacted

This fax is intended only for particular recipients and may contain confidential information. If this was sent to you in error, please notify us at the telephone number listed above.



Active License

Tanaz R Ferzandi M.D.
redacted

Lic. # 226218

Expires: 01/22/2010

The Commonwealth of Massachusetts

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

REGISTRATION

In Accordance with Massachusetts General Laws Chapter 94C



NUMBER
MP0597407A

ISSUED
02/10/2014

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

ISSUED TO FERZANDI, TANAZ R MD
redacted

Cheryl Bartlett

COMMISSIONER OF PUBLIC HEALTH

FILE CO

627842

RECALL





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).



1K60R8RIP

TANAZ R FERZANDI, 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.: 226218	
3) DEA No. (If possessed): BF9344019	
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	
5) Name: TANAZ R FERZANDI	First: _____ Last: _____ Middle: _____ Suffix: (e.g. Jr., Sr., II, III.) _____ <small>Member without a street address cannot file a letter of explanation.</small>
6) Business Address: redacted	State _____ Zip _____ State _____ Zip _____
<input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI not in Schedules II - V.	
In the boxes below enter the requested information	
14) Birth Month and Day [MMDD] (Do not include year):	redacted
15) MA Online PMP PIN: (If blank, please create one)	redacted

RECEIVED

FEB 10 2014

MA Dept. of Public Health
 99 Chauncy Street
 Boston, MA 02111

redacted

redacted

Commonwealth of Massachusetts

PAY TO THE ORDER OF

One hundred and fifty \$ 150.00

487

5-13/110

DOLLARS

FOR *Controlled Subs. license*

redacted

redacted

Ferzandi



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).



1K60R8RIP

TANAZ R FERZANDI, MD

redacted

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

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>.

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.:
226218

3) DEA No. (If possessed):
BF9344019

4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.

5) Name:
TANAZ R FERZANDI

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:

Check here if same as the address printed below the barcode above

City _____ State _____ Zip _____

8) Business Telephone No.:
redacted

()

9) Social Security No.:
redacted

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

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

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

11) E-mail Address:
redacted

12) Specialty (Enter up to 3 codes from the Specialty Code List):

OBGYN

13) Virtual Gateway Username (If possessed, see instructions):

14) Birth Month and Day [MMDD] (Do not include year):
redacted

15) MA Online PMP PIN: (If blank, please create one)
redacted

Compose a four digit PIN (No letters or other non-numeric characters):

In the boxes below enter the requested information

RECEIVED

FEB 10 2014

MA Dept. of Public Health
 99 Chauncy Street
 Boston, MA 02111



DEVAL L. PATRICK
GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

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

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 <http://www.mass.gov/massmedboard>.

Sincerely,

Candace Lapidus Sloane, MD

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

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine



Active License

Tanaz R Ferzandi M.D.
redacted

Lic. # 226218
Expires: 01/22/2016

