

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
MG0277625A 06/24/03

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

ISSUED TO

GORDON, MARCUS T MD
redacted

Christine Ferguson
COMMISSIONER OF PUBLIC HEALTH

259719

FILE COPY

RECALL



The Commonwealth of Massachusetts

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

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305 SOUTH STREET, JAMAICA PLAIN, MA 02130



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305 SOUTH STREET, JAMAICA PLAIN, MA 02130

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SCHEDULES
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COMMISSIONER OF PUBLIC HEALTH

259719

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 January, 2000
(in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



RD10RXUIZ

MARCUS T GORDON, MD
redacted

Please be sure to:

- Complete the application form;
- Enclose check or money order for \$100.00 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.: 82013	
3) DEA No. (If possessed): BG4149680	
4) Name: MARCUS T GORDON	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 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)

Date

5/2/03

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

ISSUES THIS LICENSE TO

Marcus T Gordon M.D.
redacted

AS A REGISTERED PHYSICIAN

82013

08/11/2004

REGISTRATION NO.

EXPIRATION DATE

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.


(Signature)



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

Dear Dr. Gordon, your application is being returned on 6/17
for the reason(s) checked below:

REASON(S) FOR RETURNED APPLICATION	
1.	<input type="checkbox"/> Social Security Number (Question #5) is required.
2.	<input type="checkbox"/> \$100 check is required. Please make payable to the Commonwealth of Massachusetts. <input type="checkbox"/> Check is not signed.
3.	<input checked="" type="checkbox"/> Copy of your CURRENT MA practitioner license [wallet size], from your Board of Registration. <input type="checkbox"/> Your submitted practitioner license has expired.
4.	<input type="checkbox"/> You submitted a copy of your Drug Enforcement Administration (DEA) registration instead of the requested current MA Board of Registration license (wallet size).
5.	<input type="checkbox"/> You submitted a copy of your Massachusetts Controlled Substances Registration (MCSR) instead of the requested current MA Board of Registration license (wallet size).
6.	<input type="checkbox"/> You submitted a copy of your Massachusetts Medical Society registration instead of the requested current MA Board of Registration license (wallet size).
7.	<input type="checkbox"/> You submitted a copy of your Board of Registration application form or application receipt instead of the requested current MA Board of Registration license (wallet size).
8.	<input type="checkbox"/> MA business affiliation required. <input type="checkbox"/> PO Box number alone is NOT acceptable. <input type="checkbox"/> Attached letter required for all out-of-state addresses explaining circumstances. You may prescribe for MA residents from outside MA as long as you maintain a MA medical license. You only need a MA Controlled Substance Registration when prescribing from within MA.
9.	<input type="checkbox"/> Your check is being returned. Our records indicate you have an existing certificate which was entered on _____.
10.	<input type="checkbox"/> Question #9 <input type="checkbox"/> Question #10 on application not answered.
11.	<input type="checkbox"/> A "Yes" answer for Q. #9 and/or #10 requires an attached letter of explanation.
12.	<input type="checkbox"/> Signature on application is required.
13.	<input type="checkbox"/> Application not complete.
14.	<input type="checkbox"/> Other

Please direct any inquiries to Ralph Marple at (617) 983-6727. In re-submitting your paperwork, please return this sheet.

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

MG0277625A

ISSUED

07/14/06

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

374653

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

MG0277625A

ISSUED

07/14/06

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

374653

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 June, 2003 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



RD10RXUIZ

MARCUS T GORDON, 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.: 82013	
3) DEA No. (If possessed): BG4149680	
4) Name: MARCUS T GORDON	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 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)

Date

7/11/06

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License



Marcus T. Gordon M.D.
redacted

Lic. # 82013
Expires: 08/11/2006

This card is the property of the Board of Registration in Medicine. If this card is lost or destroyed, please notify the Board of Registration in Medicine at 560 Harrison Avenue, G-4, Boston, MA 02118 - telephone (617)-654-9810. If your name or address changes, 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 card on your person.

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, Section 7

NUMBER

ISSUED

TYPE

MG0277625A

06/02/09

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

469685

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, Section 7

NUMBER

ISSUED

TYPE

MG0277625A

06/02/09

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

469685

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 July, 2006 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



RD10RXUIZ

MARCUS T GORDON, 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.: 82013	
3) DEA No. (If possessed): BG4149680	
4) Name: MARCUS T GORDON	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 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)

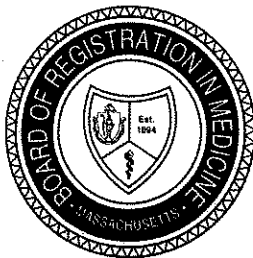
Date

5/20/09

JUN - 2 2009

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



Active License

Marcus T. Gordon M.D.
redacted

Lic. # 82013
Expires: 08/11/2010

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

MG0277625A

ISSUED

06/02/09

TYPE

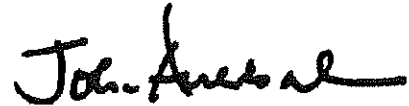
CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

GORDON, MARCUS T MD
redacted



COMMISSIONER OF PUBLIC HEALTH

FILE COPY

ADDRESS CHANGE

558601



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

MG0277625A

ISSUED

06/02/09

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO GORDON, MARCUS T MD
redacted



COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

ADDRESS CHANGE

558601





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
305 South Street, Jamaica Plain, MA 02130
Telephone 617 983-6700 Fax 617 524-8062
Application for Massachusetts Controlled Substances Registration for Practitioners
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form.
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- No fee is charged if submitting this form only for Amended Information.
- 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.

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Where photocopied licenses are to be submitted along with your application, do not send originals. They will not be returned.

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

Application Type: (Please select one)

☐ New

☒ Amended Information

1) Degree: (Select one)

☒ MD

☐ DMD

☐ DDS

☐ DVM

☐ VMD

☐ DO

☐ DPM

2) Massachusetts Board of Registration License No.:

82013

3) DEA Controlled Substance Registration No. (If possessed):

BG 4149680

4) Name:

First:

Marcus

Middle: T.

Last:

Gordon

Suffix: (e.g. Jr., Sr., II, III)

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

Facility Name and Department (if applicable)

Street:

City:

State:

ZIP:

6) Business Telephone No.:

7) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)

8) Drug Schedules requested: Select all that apply:

☒ II

☒ III

☒ IV

☒ V

☒ VI

Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

9) E-mail Address: (Optional)

10) 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

11) Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?

☐ Yes *

☒ No

* If you answered "Yes" to Question No. 10) or No. 11), 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

11/15/11

Practitioner Application

Rev. 20110816-01

redacted

FACSIMILE TRANSMITTAL SHEET

TO DPH

FROM

redacted

COMPANY Drug Control Program

DATE

11/15/11

redacted

redacted

FAX NUMBER 617-524-8062

TOTAL NO. OF PAGES/INCL COVER

2

PHONE NUMBER

SENDERS FAX NUMBER

redacted

RE Amended application

YOUR REF NUMBER



URGENT



FOR REVIEW



PLEASE COMMENT



PLEASE REPLY



PLEASE RECYCLE

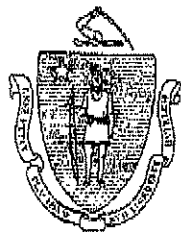
NOTES/COMMENTS:

Please contact me when this request is processed. We need confirmation of address change as soon as possible. I appreciate your assistance.

redacted

redacted

CONFIDENTIALITY NOTICE: This Facsimile transmission is intended only for the addressee shown above. It may contain information that is privileged, confidential or otherwise protected from disclosure. Any review, dissemination or use of this transmission or any of its contents by persons other than the addressee is strictly prohibited. If you received this fax in error, please call us immediately upon receipt and return the facsimile documents. Thank you for your cooperation.



Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mall 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

STANLEY M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

Marcus T Gordon M.D.

redacted

August 02, 2010

LICENSE EXPIRATION DATE: 08/11/2012

LICENSE # 82013

Dear Doctor Gordon:

Thank you for renewing your license and for your continued service to the people of Massachusetts. This is a reminder that your license to practice medicine expires on your birthdate 08/11/2012.

Please be advised that if you do not renew your license before the above expiration date, you cannot practice medicine in the Commonwealth of Massachusetts.

Practicing medicine with an expired license is a criminal offense and in violation of M.G.L.c. 112, §5 and the Board's regulation 243 CMR 1.05(6). Physicians who engage in the practice of medicine with an expired license will be reported to the Attorney General and may be subject to disciplinary action by the Board.

Your next full renewal application will be sent to the mailing address you provided on your license application. Your renewal application will be mailed to you at least 60 days before your birthdate. If you do not receive your renewal application, please contact the renewals coordinator at (781) 876-8217.

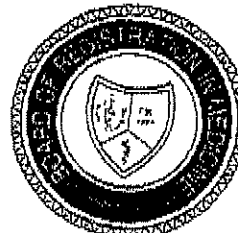
If you change your business, home, or mailing address, you must notify the Board, in writing, within 30 days. A change of address form is available at the Board's website at www.massmedboard.org. Select "Services for Physicians" and "Assorted Downloadable Forms" and download the change of address form. You may fax the change of address form to the Licensing Division at (781) 876-8358.

Please review your Physician Profile at the Board's website and make any revisions and fax it to (781) 876-8373 or mail it to the Board's address. Forms for requesting a license verification, CME resources and other information are available at the Board's website at massmedboard.org.

Sincerely,

P. Paige

Peter G. Paige, M.D., Chairman
Board of Registration in Medicine



Active License

Marcus T. Gordon
redacted

Lic. # 82013
Expires: 08/11/2012

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

MG0277625A

ISSUED

05/16/12

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

VI

ISSUED TO

GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

561329



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

MG0277625A

ISSUED

05/16/12

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

VI

ISSUED TO GORDON, MARCUS T MD
redacted

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

RECALL

561329





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
305 South Street, Jamaica Plain, MA 02130
Telephone 617 983-6700 Fax 617 524-8062
Application for Massachusetts Controlled Substances Registration for Practitioners
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form.
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- No fee is charged if submitting this form only for *Amended Information*.
- 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.

DEPT OF PUBLIC HEALTH
BUREAU OF NARCOTICS AND DRUGS

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Where photocopied licenses are to be submitted along with your application, do not send originals. They will not be returned.
For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

Application Type: (Please select one) ☒ New ☐ Amended Information

In the boxes below enter the requested information.

1) Degree: (Select one)

☒ MD ☐ DMD ☐ DDS ☐ DVM ☐ VMD ☐ DO ☐ DPM

2) Massachusetts Board of Registration License No.:

82013

3) DEA Controlled Substance Registration No. (If possessed):

~~BG4444680~~ for another site

4) Name:

First: Gordon

Middle: Marcus T.

Last: Marcus

Suffix: (e.g. Jr., Sr., II, III)

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

Facility Name and Department (if applicable):

redacted

Street:

redacted

City:

State:

redacted

ZIP:

redacted

6) Business Telephone No.: redacted

7) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)

8) Drug Schedules requested: Select all that apply: ☐ II ☐ III ☐ IV ☒ V ☐ VI

Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

9) E-mail Address: (Optional)

10) 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

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

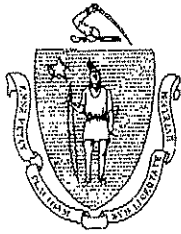
* If you answered "Yes" to Question No. 10) or No. 11), a letter must be attached setting forth circumstances of such action(s).

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

5/10/12



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

STANCEL M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

August 02, 2010

Marcus T Gordon M.D.
redacted

LICENSE EXPIRATION DATE: 08/11/2012

LICENSE # 82013

Dear Doctor Gordon:

Thank you for renewing your license and for your continued service to the people of Massachusetts. This is a reminder that your license to practice medicine expires on your birthdate 08/11/2012.

Please be advised that if you do not renew your license before the above expiration date, you cannot practice medicine in the Commonwealth of Massachusetts.

Practicing medicine with an expired license is a criminal offense and in violation of M.G.L.c. 112, §5 and the Board's regulation 243 CMR 1.05(6). Physicians who engage in the practice of medicine with an expired license will be reported to the Attorney General and may be subject to disciplinary action by the Board.

Your next full renewal application will be sent to the mailing address you provided on your license application. Your renewal application will be mailed to you at least 60 days before your birthdate. If you do not receive your renewal application, please contact the renewals coordinator at (781) 876-8217.

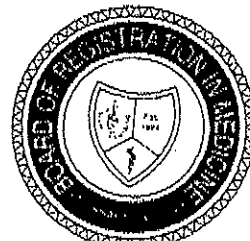
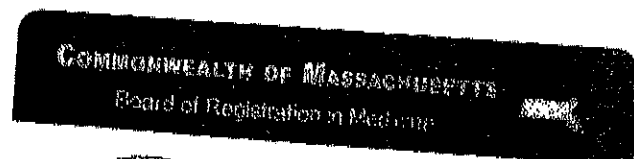
If you change your business, home, or mailing address, you must notify the Board, in writing, within 30 days. A change of address form is available at the Board's website at www.massmedboard.org. Select "Services for Physicians" and "Assorted Downloadable Forms" and download the change of address form. You may fax the change of address form to the Licensing Division at (781) 876-8358.

Please review your Physician Profile at the Board's website and make any revisions and fax it to (781) 876-8373 or mail it to the Board's address. Forms for requesting a license verification, CME resources and other information are available at the Board's website at massmedboard.org.

Sincerely,

✓ P.A.C.E

Peter G. Paige, M.D., Chairman
Board of Registration in Medicine



Active License

Marcus T Gordon M.D.
redacted

Lic. # 82013
Expires: 08/11/2012

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

MG0882476A

ISSUED

07/20/12

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO

GORDON, MARCUS T MD
redacted

John A. Arceneaux

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

573664

ADDITIONAL LOCATION

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

MG0882476A

ISSUED

07/20/12

TYPE

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO GORDON, MARCUS T MD
redacted

John A. Arceneaux

COMMISSIONER OF PUBLIC HEALTH

VERIFICATION COPY

573664

ADDITIONAL LOCATION



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 06/02/2009 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



RD10RXUIZ

MARCUS T GORDON, 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. 9 and enter corrections in the column to the right

For items No. 1 through No. 9 enter only corrections, changes and missing information

1) Degree:
MD

2) Massachusetts Board of Registration No.:
82013

3) DEA No. (If possessed):
BG4149680

4) Name:
MARCUS T GORDON

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) E-mail Address:

8) Social Security No.:

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

9) 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

10) 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

11) 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. 10 or No. 11, 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



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 06/02/2009 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).



RD10RXUIZ

New doc

MARCUS T GORDON, MD
redacted

NOT-a-Recall

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 Public Health license (wallet-size);
- Sign and date the form at the bottom;
- Mail to the address above.

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☐ Retired ☐ Deceased

Cross out any information needing changes in items No. 1 through No. 9 and enter corrections in the column to the right

For items No. 1 through No. 9 enter only corrections, changes and missing information

1) Degree:
MD

2) Massachusetts Board of Registration No.:
82013

3) DEA No. (If possessed):
BG4149680

4) Name:
MARCUS T GORDON

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) E-mail Address:

8) Social Security No.:

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

9) 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

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Signed under the pains and penalties of perjury

Signature of applicant (no initials)

Date

5/10/12

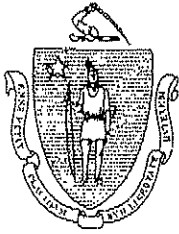
Notice Date: 03/26/2012

First Notice

Rev. 20020128

Sent New doc app

7-13-12



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

STANLEY M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

August 02, 2010

Marcus T. Gordon M.D.
redacted

LICENSE EXPIRATION DATE: 08/11/2012

LICENSE # 82013

Dear Doctor Gordon:

Thank you for renewing your license and for your continued service to the people of Massachusetts. This is a reminder that your license to practice medicine expires on your birthdate 08/11/2012.

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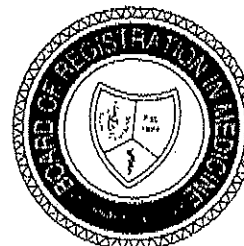
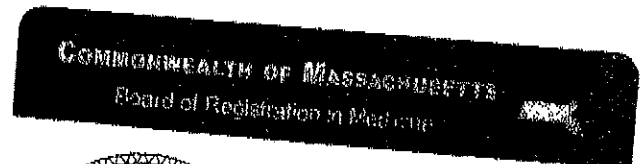
If you change your business, home, or mailing address, you must notify the Board, in writing, within 30 days. A change of address form is available at the Board's website at www.massmedboard.org. Select "Services for Physicians" and "Assorted Downloadable Forms" and download the change of address form. You may fax the change of address form to the Licensing Division at (781) 876-8358.

Please review your Physician Profile at the Board's website and make any revisions and fax it to (781) 876-8373 or mail it to the Board's address. Forms for requesting a license verification, CME resources and other information are available at the Board's website at massmedboard.org.

Sincerely,

P. Paige

Peter G. Paige, M.D., Chairman
Board of Registration in Medicine



Active License

Marcus T. Gordon M.D.
redacted

Lic. # 82013

Expires: 08/11/2012



Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
305 South Street, Jamaica Plain, MA 02130
Telephone 617 983-6700 Fax 617 524-8062

Application for Massachusetts Controlled Substances Registration for Practitioners
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form.
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- No fee is charged if submitting this form only for *Amended Information*.
- 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.

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Where photocopied licenses are to be submitted along with your application, do not send originals. They will not be returned.
For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

Application Type: (Please select one)

☐ New

☐ Amended Information

In the boxes below enter the requested information:

1) Degree: (Select one)

☒ MD

☐ DMD

☐ DDS

☐ DVM

☐ VMD

☐ DO

☐ DPM

2) Massachusetts Board of Registration License No.:

82013

3) DEA Controlled Substance Registration No. (If possessed):

BG4149680

4) Name:

First: Marcus

Middle: T.

Last: Gordon

Suffix: (e.g. Jr., Sr., II, III)

5) Business Address: 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

Facility Name and Department (if applicable):

redacted

Street:

redacted

City:

redacted

State:

redacted

ZIP:

redacted

6) Business Telephone No.:

redacted

7) Social Security No.: (Required by M.G.L. c. 30A, s. 13A)

redacted

8) Drug Schedules requested: Select all that apply:

☒ II

☒ III

☒ IV

☒ V

☒ VI

Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

9) E-mail Address: (Optional)

10) 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

11) Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?

☐ Yes *

☒ No

* If you answered "Yes" to Question No. 10) or No. 11), 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

7/19/2012

Practitioner Application

Third
LOCATION

Rev. 20110816-01



305 South Street
Jamaica Plain, MA 02130
Phone: 617 983-6700
FAX: 617 524-8062

Fax

To: redacted From: F Y D

Fax: redacted S:

Phone: redacted Date:

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ FYI

☐ Including fax cover page

* Comments:

The enclosed application is not a "recall"; it should be for a third location for the office. Please call me if you have any further questions.

See attached. I will mail original. Thanks!

NOTICE: The pages comprising this facsimile transmission contain confidential information from the Department of Public Health. This information is intended only for the use by the recipient listed above. If you are not the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.

redacted

7-13-12

Marcus T. Gordon, M.D.

Doctor is already
registered at redacted
two locations.

Another app. should
come for a third
location at

redacted




Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
305 South Street, Jamaica Plain, MA 02130
Telephone 617 983-6700 Fax 617 524-8062
Amended Application for Massachusetts Controlled Substances Registration for Medical Doctor in
Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Amended Application Information For Missing DEA Number

Dear Registrant:

We understand and it is not uncommon for new MCSR registrants to not yet have a DEA registration number. As soon as you receive your DEA registration number please fill in your DEA number on this form and return it to Drug Control Program, 305 South Street, Jamaica Plain, MA 02130. Be sure to sign (not initial) and date the form. There is no fee charged for submitting an Amended Information application.

Please enter your federal DEA registration number in the box below.

	DEA Number:	BG4149680

Registrant:

MARCUS T GORDON, MD

redacted

Business Address:

redacted

Massachusetts Controlled
Substances Registration No.
(MCSR):

MG0882476A

Massachusetts Board of
Registration License No.:

82013



RECEIVED

AUG 22 2012

DEPT. OF PUBLIC HEALTH
JAMAICA PLAIN, MA 02130

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

8/17/12

If you have questions, you may call the Drug Control Program at 617 983-6700.



3K20U5BE1

Transmission Report

Date/Time
Local ID 1

07-24-2012
6175248062

19:23:55

Transmit Header Text
Local Name 1

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x14"

FILE COPY redacted

COMMONWEALTH OF MASSACHUSETTS
Department of Health, Division of Public Health
300 State Street, 14th Floor, Boston, MA 02109

REGISTRATION
In Accordance With Massachusetts General Laws Chapter 94C

NUMBER: 112811
MOBILITY: 112811

ISSUED TO: GORDON, MARCUS TYD

TYPE: CONTROLLED SUBSTANCE PRACTITIONER
SCHEDULE: II, III, IV, V, VI

CONSIDERATIONS OF PUBLIC HEALTH

558738

ADDITIONAL LOCATION

Total Pages Scanned : 1

Total Pages Confirmed : 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	301	redacted	19:16:28 07-24-2012	00:00:36	1/1	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

redacted

redacted

Fax

To: Ray @ DPH Dept of Food + Drug From: Marcus Gordon
Fax: 017-524-8002 Pages: 2
Phone: Date: 7/24/12
Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:** Select this text and delete it or replace it with your own. To save changes to this template for future use, choose Save As from the File menu. In the Save As Type box, choose Document Template. Next time you want to use it, choose New from the File menu, and then double-click your template.

Written Request for copy of the MA Controlled
Substance license for [redacted]
Practitioner: Marcus Gordon
Address [redacted] [redacted] [redacted]

Please mail hard copy to above address + fax
to [redacted]

Thankyou

faxed and

mailed 7/24/12



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

STANLEY M. RILEY, JR., MD.
EXECUTIVE DIRECTOR

August 02, 2010

Marcus T. Gordon M.D.
redacted

LICENSE EXPIRATION DATE: 08/11/2012

LICENSE # 82013

Dear Doctor Gordon:

Thank you for renewing your license and for your continued service to the people of Massachusetts. This is a reminder that your license to practice medicine expires on your birthdate 08/11/2012.

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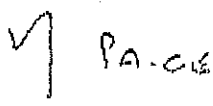
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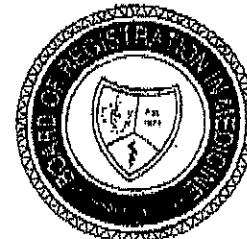
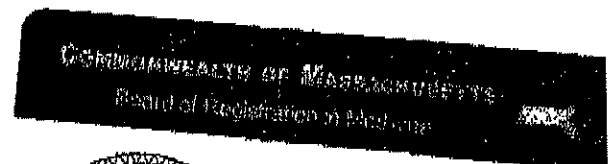
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Please review your Physician Profile at the Board's website and make any revisions and fax it to (781) 876-8373 or mail it to the Board's address. Forms for requesting a license verification, CME resources and other information are available at the Board's website at massmedboard.org.

Sincerely,


Peter G. Paige, M.D., Chairman
Board of Registration in Medicine



Active License

Marcus T. Gordon M.D.
redacted

Lic. # 82013
Expires: 08/11/2012

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 Massachusetts Business Address:

redacted

Malcolm L. Gordon

redacted

redacted

Telephone No. (

Area Code

To receive controlled substances registration:

1. Complete both sides of card
2. Enclose check or money order for \$50.00 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

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

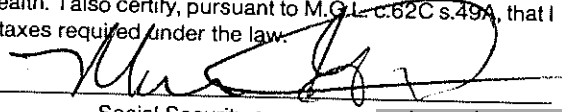
*If yes, attach letter setting forth circumstances of such action.

DEA Number (if available) Federal DEA #BG4149680

Massachusetts Medical License (Registration) Number: 82013

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: 

Print

Name Marcus T. Gordon

Date of

Application 7-8-96

Social Security or

Federal Identification No. redacted

1/93