

Arizona Medical Board

azmd.gov
Printed on 02/14/12 @ 01:50

General Information

David L. Child MD
No Practice Address

License Number: 6275
License Status: Active with Restrictions
Licensed Date: 07/24/1971
License Renewed: 06/25/2010
Due to Renew By: 05/26/2012
If not Renewed, License Expires: 09/26/2012

Education and Training

Information up to the date of initial licensure is verified by the Board. Information provided by the physician after this date is not verified by the Board.

Medical School:	UNIV OF MD SCH OF MED Baltimore, Maryland
Graduation Date:	06/09/1962
Internship:	07/01/1962 - 06/30/1963 U.S. PUBLIC HEALTH SERVICE HOSPITAL STATEN ISLAND , NY
Residency:	07/01/1965 - 06/30/1968 (Obstetrics & Gynecology) USPHS HOSPITAL NEW ORLEANS , LA
Area of Interest	Gynecological Oncology
Area of Interest	Gynecology (ABMS Board Certified)

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

12/08/2006 Letter of Reprimand - Letter of Reprimand for removal of ovaries without indication and without informed consent and for failure to inform the patient her ovaries were removed.

12/02/2009 Letter of Reprimand

10/15/2010 Letter of Reprimand

06/09/2011 Decree of Censure W Probation

09/19/2011 Interim Practice Restriction -ED

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

BOARD OF MEDICAL EXAMINERS

of the

STATE OF ARIZONA

810 West Bethany Home Road
Phoenix, Arizona 85013

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH

RECIPROCITY ENDORSEMENT



David Linton Child, M.D.

DO NOT USE THIS SPACE	
BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA	
ATTENTION:	
<input type="checkbox"/>	RECEIVED FILE
<input type="checkbox"/>	FILE
<input type="checkbox"/>	FORWARDED APPLICATION
<input type="checkbox"/>	PREPARE CLAIM
<input type="checkbox"/>	RETURN TO
<input type="checkbox"/>	TAKEN CARE OF
<input type="checkbox"/>	WRITE REPLY
<input type="checkbox"/>	COMPLETED Receipt

The filing of this application does not constitute any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of Arizona.

INFORMATION

To merit consideration for a license to practice medicine in Arizona, a graduate of a school of medicine located in the United States, its territories, the District of Columbia or the Dominion of Canada, completing his studies in a year in which that school bore the approval of the Council on Medical Education of the American Medical Association, the Association of American Medical Colleges or the Canadian Medical Association, will be required to submit evidence that:

1. He is a citizen of the United States or has declared his intention to become a citizen.
2. He is at least twenty-one years of age.
3. He has completed a twelve month internship program in a hospital located in the United States, its territories, the District of Columbia or the Dominion of Canada, which was approved for such training by the Council on Medical Education of the American Medical Association or the Canadian Medical Association.
4. He holds a current license to practice medicine issued by written examination within the fifteen years next preceding this application issued by another state or territory of the United States, the District of Columbia or the National Board of Medical Examiners, the requirements for which license, at the time of its issuance, are deemed equivalent to the requirements set forth in the current Arizona Statutes, it remaining active and in good standing.
(NOTE: Canadian licensure is NOT acceptable for reciprocity endorsement under Arizona law.)
5. Possess a good moral and professional reputation.
6. Be physically and mentally able safely to engage in the practice of medicine.
7. Have not been guilty of any act of unprofessional conduct.
8. Have not had a license to practice medicine refused, revoked or suspended by any other state, territory, district or country for reasons which relate to his ability skillfully and safely to practice medicine.
9. Have not previously failed any written examination given in Arizona for a license to practice medicine.
10. For three years next preceding his application have been actively engaged in one or more of the following: (a) the active practice of medicine, including such practice for the military or United States Public Health Service; (b) an approved residency training program; (c) an approved internship training program; (d) obtaining an approved medical education; or (e) post-graduate training deemed equivalent to an approved residency training program.

NOTICE

- A. All credentials submitted in any foreign language shall be accompanied by a certified translation into English.
- B. Separated or mutilated applications are not acceptable.
- C. A personal interview before the Board at a scheduled meeting is required by statute for all candidates seeking reciprocity licensure in this State. Board rules have scheduled their quarterly meetings for the second Saturday of January, April, July and October.
- D. Exceptions to any of these requirements will not be permitted.

July meeting will be held on Saturday, July 24, 1971. Resubmission filing date will be June 24, 1971.

Photocopy of Residency certificate of David Child, M.D., Honolulu, Hawaii

GENERAL REQUIREMENTS

The applicant shall have completed in every detail the items of this application numbered I, II, III, IV, V, and shall submit the fully completed application with the following delineated items, all fully notarized as true copies or statements, not less than THIRTY (30) DAYS preceding the meeting of the Board at which the application will be considered:

1. Certified check or money order covering the statutory fee of \$150.00. (Refunds are limited to \$75.00 for withdrawing applicants.)
2. A statement of exact whereabouts of the applicant from completion of internship to date of this application, with specific dates, both from and to (month, day and year) listed for each period.
3. Photocopy of United States Birth Certificate; or submission for recording in lieu thereof, an original certificate of "naturalization", or your triplicate copy of "Declaration of Intention".
4. Photocopy of Form DD214, DD217, or other certificate showing honorable service as may have been provided the applicant on completion of his military or public health service, if any. *See #14 below*
5. In the event the applicant had not completed a twelve month approved internship, the Board MAY accept instead a completed total term approved residency, in which case item numbered IV must be completed by the administrator of the hospital wherein such residency was undertaken and completed.
6. In the event any credentials or this application contain your name in a form other than shown on your birth certificate or certificate of naturalization or Declaration of Intention filed herewith, you will be required to present certified evidence as to the legality of such change.

No. I - GENERAL INFORMATION TO BE FULLY COMPLETED BY ALL PARTICIPANTS

I hereby apply for a license to practice medicine in the State of Arizona and submit the following evidence, credentials and other proof as required by the Medicine and Surgery Act and the rules of the Board of Medical Examiners of the State of Arizona.

1. Name in Full: **CHILD** **DAVID** **LEIGHTON**
(LAST) (FIRST) (MIDDLE)

2. Address: Residence: **[REDACTED]** (PHONE)
[REDACTED]
 Office: **1131 14th Ave South (Box 3145) Seattle, Washington RA5-8000 Ext. 342**
(As of 7/1/71) USPHS IH HOSP. 4212 North 16th St, Phoenix, Arizona 263-1200
(STREET) (CITY) (STATE) (PHONE)

3. City and State of Birth **[REDACTED]** Month, Day and Year of Birth **[REDACTED]**
(A notarized photocopy of United States birth certificate or, in lieu thereof, submission for recording an original certificate of "Naturalization" or your triplicate copy of "Declaration of Intention," is required.)

4. In what states have you applied for license or registration? If more than two attach separate listing. If license not issued, so state.
 (a) **States of Maryland, Louisiana, Florida, and Washington - see attached list.**
(SPECIFY STATE BOARD) (DATE OF APPLICATION) (RESULT) (CERTIFICATE NO.)
(DATE ISSUED) (SPECIFY IF BY WRITTEN EXAMINATION OR ON CREDENTIALS)

(b) **[REDACTED]**
(SPECIFY STATE BOARD) (DATE OF APPLICATION) (RESULT) (CERTIFICATE NO.)
(DATE ISSUED) (SPECIFY IF BY WRITTEN EXAMINATION OR ON CREDENTIALS)

5. Has any license entitling you to practice medicine and/or surgery in any state, territory or country been refused, suspended or revoked? **No.**
(ANSWER)
6. Have you ever been charged with a violation of any statute of any state, the United States or foreign country? **No.**
(ANSWER)
7. Has there been any complaint filed against you through any board of medical examiners or medical society? **No.**
(ANSWER)
8. Have you ever been treated for or addicted to any drugs or alcohol? **[REDACTED]**
(ANSWER)
9. Have you ever been a patient in a mental or other institution of confinement? **[REDACTED]**
(ANSWER)
10. Are you suffering from any ailment communicable to others? **[REDACTED]**
(ANSWER)

Note: In the event the response to any of the questions numbered 5 through 10 is YES, the applicant will file with the application a detailed report of the situation including any charge; date of such charge; the complete name and address of all bodies of jurisdiction; the results of any hearings; and the disposition of such charge(s).

11. Are you presently in good physical and mental health? **[REDACTED]**
(ANSWER)
 (If NO, applicant shall file with this application, a detailed statement of his health, diagnosis and prognosis, supported by report of his attending physician.)

12. Was the photograph attached hereto taken within the preceding sixty (60) days of this application? **Yes**
(ANSWER)

13. Enter your height here **5' 10"** Weight **186#** color of eyes **Blue** color of hair **lt. Br.**
 Identification marks **None** marital status **Married**

14. I have done post-graduate work in **Residency in Obstetrics and Gynecology - at USPHS Hospital, 210 State Street,**
(SPECIALTY) (DATES FROM TO) (FULL NAME AND LOCATION OF INSTITUTION(S)) (DATES FROM TO) (CITY AND STATE AND YEAR)
7/1/65 to 7/1/68 **New Orleans, Louisiana**

* From 7/1/63 to 7/1/65 I served as a General Medical Officer (GMO) at the United States Public Health Service Clinic in Honolulu, Hawaii. This two year assignment satisfied my military obligation.

15. I am certified by the American Board of Obstetrics & Gynecology No. **68-1476-21260** Date **November 1970**

16. I will practice the specialty of Obstetrics and Gynecology.
(GENERAL PRACTICE OR SPECIALTY DESIGNATION)
17. I am or have been affiliated with medical societies in New Orleans Parish Medical Society; Commission Officers' Association; Alpha Omega Alpha Honor Medical Society; Junior Fellow of Am. College of OB-G
18. I, (Name of Applicant) (am serving) in the United States Public Health Service (USPHS)

and have attached herewith (1) a notarized photocopy of Forms DD214 or DD217, or other certificate showing honorable service; or (2) am still serving and have attached herewith a letter from my Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty.

STATE OF WASHINGTON }
 County of King } SS

The applicant DAVID LEIGHTON CHILD, M.D.
(NAME IN FULL)

being first duly sworn upon his oath deposes and says: that he is the person herein named subscribing to this application; that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, the applicant thereby authorizes the release of all his medical information, both past and future, to the Board of Medical Examiners of the State of Arizona.

Signature of Applicant David Leighton Child, M.D.

Subscribed and sworn to before me this 23rd day of February, 19 71. 

Sig: L. P. ... My Commission expires January 20, 1975
 NOTARY PUBLIC

No. II MEDICAL COLLEGE CERTIFICATION

(Note: The applicant MUST forward this entire application to the Dean or Secretary of the medical school or college granting degree who shall furnish the following:)

This is to certify that David Leighton Child M.D., whose photograph is attached hereto, was granted the degree of doctor of medicine by University of Maryland Medical School.
(FULL NAME OF SCHOOL OR COLLEGE OF MEDICINE AS IT APPEARS ON THE APPLICANT'S DOCTOR OF MEDICINE DEGREE DIPLOMA)

on September 11, 19 68; and that he attended 28 full courses of medical lectures-comprised of 28 months each.

Signed Judicial J. Ramsey, M.D.,
 Dean (Assist) of University of Maryland (SEAL OF COLLEGE)
 President)
 Secretary)
 Registrar)

Date March 5th, 19 71.
 Address Baltimore, Maryland 21201


No. III RECIPROCITY ENDORSEMENT CERTIFICATION

(Note: The applicant MUST forward this entire application to the Secretary of the Board issuing the license or certificate upon which reciprocity endorsement is sought, who shall answer the following:)

I certify that David Leighton Child M.D., whose photograph is attached hereto, in WRITTEN examination before this Board issuing the license or certificate indicated below obtained a general average of 89 percent.

I further certify that the Maryland Board of Medical Examiners, License or Certificate No. not numbered issued to David L. Child M.D., on the 19th day of July, 19 62, following successful completion of our WRITTEN examinations and on the following medical qualification:

University of Maryland Medical School M.D. 6/9/62.
(NAME OF SCHOOL OF MEDICINE ISSUING DIPLOMA AND DATE OF DEGREE)
 and said license or certificate has never been revoked or suspended; that, from the records now on file in this office, I believe him to be of good moral character, worthy of professional recognition and recommend him to the Board of Medical Examiners of the State of Arizona as a fit and proper person to receive recognition as an applicant for a license to practice medicine.

In testimony whereof witness my hand and seal.

 Dated at Baltimore, Maryland this 15th day of March, 19 71.
Edward G. ... M.D.,
 Board of Medical Examiners of Maryland
(NAME OF BOARD OF MEDICAL EXAMINERS)
1211 Cathedral St., Baltimore, Md. 21201
(ADDRESS)

(NOTE: ORAL examinations are not acceptable for endorsement under Arizona Law, and this section should not be completed by any jurisdiction where such was the basis of licensure.)

No. IV INTERNSHIP CERTIFICATION

(Note: The applicant MUST forward this entire application to the Administrator of the hospital wherein the applicant satisfactorily completed an approved internship training program who shall complete the following.)

This is to certify that David Leighton Child M.D., whose photograph is attached hereto, (NAME OF APPLICANT IN FULL)

undertook and satisfactorily completed an approved internship in the:

United States Public Health Service Hospital, Bay & Vanderbilt Sts., Staten Island, N.Y. (FULL NAME AND COMPLETE ADDRESS OF HOSPITAL)

from July 1, 1962 to June 30, 1963 (DATE)

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

Signed N. J. Galluzzi, M.D.

Title DIRECTOR

Address USPHS HOSPITAL, STATEN ISLAND, NEW YORK

Date March 22, 1971

Note: If approved internship unavailable, see General Requirements (5) on page 2.

No. V ACTIVE PRACTICE CERTIFICATION

(Note: To be completed by the Medical Society Secretary of the jurisdiction wherein the applicant last practiced. In the event the applicant has not been a member of the Society, this section may be completed by a Board of Medical Examiners or the Chief of Service in any institution in which the applicant last served.)

I certify that the aforesaid David Leighton Child M.D., to my knowledge, is at this time actively (FULL NAME OF APPLICANT)

engaged in the practice of medicine; or an approved residency training program; or an approved internship training program; or in obtaining an approved medical education; or post-graduate training deemed equivalent to an approved residency training program; or a combination of any of these, and has been so engaged for a period of at least three years preceding the date of this application. I further certify that he is an ethical practitioner of good moral character, worthy of professional recognition and recommend him to the Board of Medical Examiners of the State of Arizona as a fit and proper person to receive a regular license by reciprocity endorsement to practice medicine in Arizona.

William P. Johnson, M.D., DIRECTOR

U.S. Public Health Service Hospital

1131 - 14th Avenue South, Seattle, Washington 98114

Date March 29, 1971

FOR OFFICE USE ONLY

License No. 6275 Granted on 7/24/71 on the basis of reciprocity (DATE)

with Maryland

License Denied on

Appealed on 19 to Court.

Decision:

License Suspended on 19

License Revoked on 19

License Voided on 19

Refund Claim filed on 19

Refund Paid on 19 by Voucher No.

Dear Doctor:

Please complete the following and submit with your completed application.

Have you selected a location in Arizona wherein you will establish practice if license is granted? Yes

Where? Phoenix - U.S. Public Health Service Phoenix Indian Medical Center

4212 North 16th Street, Phoenix

Solo or in association with? Dr. Crosby and Lange as a Co-Chief of OB-GYN

Comment: I am being assigned to the above Indian Health Hospital as of mid-June.

BOARD OF MEDICAL EXAMINERS - STATE OF ARIZONA

Signed David I. Child, M.D.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

Refer to:

Following is a list of my active state licenses in the chronological order in which they were obtained:

<u>State Board</u>	<u>Certificate No.</u>	<u>Date of Application</u>	<u>Result</u>	<u>Date Issued</u>	<u>How Obtained</u>
Maryland	C-7505	4/62	Passed	6/13/62	By written exam
Louisiana	2388	4/66	Approved	6/9/66	By reciprocity
Florida	13198	12/67	Passed	3/1/68	By written exam
Washington	10475	7/68	Approved	10/21/68	By reciprocity with National Boards*

*Diplomate of National Boards, 3/1/64, Certificate #71043

David L. Child, M.D.
DAVID L. CHILD, M.D.

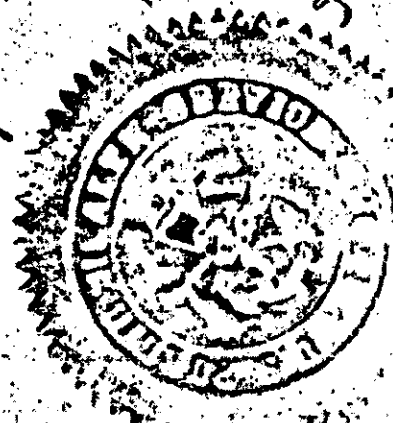
Department of
Health, Education, and Welfare
Public Health Service

this certifies that
David F. Child, M.D.
served a residency in
Obstetrics-Gynecology
conducted by the U.S. Public Health Service Hospital
at New Orleans, Louisiana,
from July 1, 1965, to June 30, 1968,

and during that time has discharged the
required duties with ability and integrity.

Alphonse J. Sandry, M.D.
Chief of Service

William H. Johnson
Surgeon General



3/26

I certify that the above is true
L.A. [Signature]

Department of
Health, Education, and Welfare

Public Health Service
this certifies that
David L. Child, M.D., Intern
has served as Medical
at the United States Public Health Service Hospital
at Eastern Islands, Territory of Alaska
from July 7, 1962, to June 30, 1963
and during that time has
faithfully performed the duties pertaining thereto

William J. Dancy, Jr.
Medical Director in Charge

James H. Long
Supervisor

3/26/67
I certify this is true copy
L.R. Anderson

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

SATISFACTION OF REQUIREMENTS SUMMARY

APPLICATION	Received March 29 19 71 Completed 19
NAME IN FULL	CHILD, DAVID LEIGHTON ONE Picture: <input checked="" type="checkbox"/> Two
Current Address	██████████ (Last) MS PMS, 4212 N. 16th St. (First) Phoenix, AZ (State)
BIRTHPLACE	██████████ (City) (State) (Country) Date: ██████████
CITIZENSHIP	Check One: <input checked="" type="checkbox"/> Native <input type="checkbox"/> Naturalized <input type="checkbox"/> Declared Intention On 19
MEDICAL EDUCATION	University of Maryland Medical School, Baltimore, Maryland (Full Name and Location of Medical School) M.D. Awarded: June 9 19 62 Proof Received: March 29 19 71 <input checked="" type="checkbox"/> Approved ECFMG Certificate No. Dated 19 Proof Received: 19
INTERNSHIP	In USPHS Hospital, Staten Island, New York (Full Name and Location of Hospital, City and State) From July 1 19 62 to June 30 19 63 Total 12 Months Hospital Accredited from 19 62 to 19 63 Proof Received: March 29 19 71
RESIDENCY	In ORG for 3 years at USPHS Hospital, New Orleans, Louisiana (Field of Training) (Name of Institution) From July 1 19 65 to June 30, 1968 In (Field of Training) for months at (Name of Institution) From 19 to
AMERICAN BOARD	Of ORG Diplomate Certificate No. 68-1476-21260 Issued Nov. 19 70 (Specialty)
PRACTICE	Field of ORG (Current)
BASIC SCIENCE	Certificate No. n/a Granted per Board Letter Dated 19
U. S. MILITARY SERVICE	Served in none (Branch) from 19 to 19 Honorable Discharge Received 19 Service Entrance Rank Discharge Rank
LICENSES	Reciprocating through Maryland (State) ; No. none (Certificate) ; Issued July 24 19 62 W/E (Date) In Louisiana #2388 6/9/66 : <input type="checkbox"/> W/E <input checked="" type="checkbox"/> Reciprocity With Maryland (State) In Florida #13198 3/1/68 : <input checked="" type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With (State) In Washington #10475 10/21/68 : <input type="checkbox"/> W/E <input checked="" type="checkbox"/> Reciprocity With National Boards (State) In National Boards #71043 3/1/64 : <input checked="" type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With (State)
PREVIOUS PRACTICE	In USPHS (City) (State) From July 1 19 63 To July 1 19 65 In New Orleans (Residency) Louisiana (City) (State) From July 1 19 65 To June 30 19 68 In Seattle (USPHS) (City) (State) Washington From July 1 19 68 To June 30 19 71 In Phoenix (USPHS) (City) (State) Arizona From July 1 19 71 To date 19 71
FEES	Temporary \$ Receipt (No.) Examination \$ Receipt (No.) 1st Renewal \$ Receipt Reciprocity \$150.00 Receipt 9767 (No.) 2nd Renewal \$ Receipt (No.)
INVESTIGATION	AMA Approval 3/31/71 Passed clean 7/18 Maryland Board Approval 3/31/71 cert. iss. 7/24/62, W/E, Current, 7/18 Louisiana Board Approval 3/31/71 cert. #2388, iss. 6/9/66, rec. reciprocal, 7/18 Florida Board Approval 3/31/71 cert. #13198, iss. 3/1/68, W/E, Current, 7/18 Washington Board Approval 3/31/71 cert. #10475, iss. 10/21/68, W/E, Current, 7/18 Louisiana Ass'n Approval 3/31/71 4/15/71, new member. New Orleans Ass'n Approval 3/31/71 4/15/71, mem. in gd. stdy. 7-916-1418, 7/18 Washington State Ass'n Approval 3/31/71 4/15/71, new member. Ass'n Approval
INTENDED LICENSE ISSUED	USPHS, 4212 North 16th St., Phoenix, Arizona No. 10 (Date) 3/31/71 W/E Grade % W/E Taken 19

Jc

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Telephone: (602) 255-3751

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN'S NAME: CHILD (Last Name) DAVID (First Name) L (MI)

LICENSE NUMBER: 6275 SPECIALTY: OB-GYN / GYN onc

CHECK ONE: Initial Application: Renewal Application:

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

PRIMARY PRACTICE LOCATION:

Street Address:				City/State/Zip Code:			
1010 E. McDowell				PHOENIX AZ 85006			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	

ADDITIONAL PRACTICE LOCATIONS:

Street Address:				City/State/Zip Code:			
5651 N. 7th St.				PHOENIX AZ 85014-2500			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	

Street Address:				City/State/Zip Code:			
1250 E Apache #106				Tempe AZ 85281			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	

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

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to **ATTENTION: Dispensing Physician Registration** at the address listed on the top of this application form.

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

Form Completed DEA Certificate(s) Enclosed Fee of \$ 200 enclosed

Physician's Signature: David Child MD Date: 12-18-96

RECEIVED B.O.M.E.X.
DEC 30 96

ADDITIONAL PRACTICE LOCATIONS:

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

<i>For Business Office Staff Use Only</i>							
Check No.:	290697	Date Received:	12/30/90	Batch No.:	076901	By:	[Signature]

Child, Daniel L

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

1990 West Camelback, Suite 401, Phoenix, Arizona 85015, (602) 255-3751

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: September 25, 1985

Re: Oral Examination

FROM: Douglas N. Cerf, Executive Director

TO: COMMISSIONERS ON ORAL EXAMINATIONS

Dear Doctor:

Supplementing our telephone communication of recent date and your acceptance to serve as a Commissioner on Oral Examinations, please find enclosed copy of the Oral Examination schedule and questions for the October 3, 1985 session.

Your appointed hours are from 1:15 p.m. to 3:40 p.m.

We have also enclosed a form which will require your signature, address and date as indicated. Please return the same via the enclosed self-addressed stamped envelope, or you may bring it to the office personally. This form will then be processed routinely for payment for your services rendered to the Board in the amount of \$50.00.

Should you have questions of any kind, please contact this office at your convenience.

Please report to our offices fifteen minutes (15) prior to your scheduled time at:

1990 West Camelback Road, Suite 401
Phoenix, Arizona

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

-2-

PLEASE NOTE THAT YOU MAY REQUEST HOUR FOR HOUR AS ELECTIVE CREDITS
TOWARD YOUR CONTINUING MEDICAL EDUCATION REQUIREMENTS FOR RENEWAL
OF YOUR ARIZONA LICENSE FOR PARTICIPATING IN THESE EXAMINATIONS.

Thank you for your cooperation and continued support.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

DNC:ce

Encs.

Board of Medical Examiners of the State of Arizona

I, David L. Child, M.D., do
hereby agree to provide medical consulting services
for the Board of Medical Examiners for the oral medical
competency examination(s) of October 3, 1985.

Total fee \$ 50.00

David L. Child, MD
SIGNATURE

[REDACTED]
ADDRESS

10/3/85
DATE

RECEIVED FROM THE BOARD OF MEDICAL EXAMINERS, STATE
OF ARIZONA, A LICENSE TO PRACTICE MEDICINE IN ARIZONA,

DATED JULY 24, 1971.

Signed David L. Child, M. D.

6275

David L. Child, M. D.

President
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BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA
810 West Bethany Home Road • Phoenix, Arizona 85013

June 21, 1971

Re: License through Reciprocity

TO: David L. Child, M. D.

Dear Doctor:

Your personal interview with the members of the Board of Medical Examiners, requisite as a part of your application for a license to practice medicine in the State of Arizona, has been scheduled as follows:

DATE: JULY 24, 1971

TIME: 9:00 A. M.

PLACE: In the offices of the Board
810 West Bethany Home Road
Phoenix, Arizona

In the event it is impossible for you to be present at that time, please notify this office IN ADVANCE OF THE MEETING DATE AFOREMENTIONED.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin, Executive Director

PRB:m

NOTE: The next regular meeting of the Board will be held on October 9, 1971.

April 14, 1971

Re: David Leighton Child, M. D.
License through Reciprocity Endorsement

David L. Child, M. D.
[Redacted Address]

Dear Doctor Child:

Thank you for your letter of April 5, 1971 and the Personal Order enclosure which completes your application for a license to practice medicine in the State of Arizona through reciprocity endorsement.

Your application and credentials will be considered by the Board of Medical Examiners at its regular meeting to be held on Saturday, July 24, 1971, at which time you will be personally interviewed.

You will be advised in due course as to the exact time and place of such interview.

In the event we may be of further assistance, please advise.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin, Executive Director

PRB

Original document - Phoenix, Arizona - 1971

Washington State Medical Association

444 N.E. Ravenna Boulevard

Seattle, Washington 98115

Telephone 3-9110

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Director, Scientific Programs and Administration—George W. Marford
Director, Planning and Research—Roth Kinney

April 6, 1971

Mr. Paul R. Boykin
Executive Director
Arizona Board of Medical Examiners
810 West Bethany Home Road
Phoenix, Arizona 85013

Mr. Boykin . . .

Doctor DAVID LEIGHTON CHILD, about whom you have inquired, is not known to us, as he has never been a member of the local medical society, nor of this Association.

We can only tell you that he was first licensed to practice in Washington in 1968; is currently licensed; and is listed in the USPH Service section of the AMA directory to which we assume you have access.

We are sorry that we cannot be more helpful.

Sincerely . . .

(Miss) Dorothy E. Goldsmith
Dorothy E. Goldsmith
Secretary
Membership Records

AIR MAIL

For Richard F. Gorman
Executive Secretary



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
FEDERAL HEALTH PROGRAMS SERVICE

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

Refer to:

April 5, 1971

Paul R. Boykin, Executive Director
Board of Medical Examiners of the
State of Arizona
810 W. Bethany Home Road
Phoenix, Arizona 85013

Dear Sir:

Thank you for your letter of March 31, 1971 acknowledging receipt of my application for medical license and receipt for \$150.00.

In reference to a letter from my Commanding Medical Officer, this really would not be applicable in my case since I have been on active duty with the Public Health Service since June, 1962. I am being transferred to the new Indian Health Hospital in Phoenix, which is still under the U. S. Public Health Service. A copy of my orders is enclosed indicating the effective date of transfer to this facility in Phoenix as of June 9, 1971.

The reason I made application for an Arizona State license is because I will be stationed there for an indefinite period of time, most likely 6-10 years.

Sincerely yours,

David L. Child, M.D.

DAVID L. CHILD, M.D.
Assistant Chief, Gynecology Service

Encl:



LOUISIANA STATE MEDICAL SOCIETY

APR 7 1971

1700 JOSEPHINE STREET • NEW ORLEANS, LOUISIANA 70113 • (504) 522-9513

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Director
A. M. EDWARDS, JR.

April 5, 1971

Mr. Paul R. Boykin, Executive Director
Board of Medical Examiners
State of Arizona
810 West Bethany Home Road
Phoenix, Arizona 85013

Dear Mr. Boykin:

In reply to your recent communication, we wish to advise that Dr. David Leighton Child has never been a member of the Louisiana State Medical Society.

This doctor is licensed to practice in Louisiana and we have been advised by the State Board of Medical Examiners that his present address is 1307 144th Drive, S.E., Belview, Washington 98007.

Sincerely,

H. ASHTON THOMAS, M.D.
Secretary-Treasurer

ams:at

ORLEANS PARISH MEDICAL SOCIETY
1430 TULANE AVENUE NEW ORLEANS, LA. 70112

APR 5 1971

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DR. EUGENE COFFINS, *President-Elect*
DR. DENNIS H. GROOMS, *First Vice-President*
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DR. C. WALTER MATTINGLY, *Treasurer*
DR. EDWARD J. JOUBERT, JR., *Librarian*

TELEPHONE: AREA CODE 504-823-2474

A. J. KUELMANN, SR., *Executive Secretary*

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DR. Wm. F. BRADBURN, III, *Past President*
DR. JOHN B. BOHAR, *Board Member*
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DR. ROBERT D. SPARKS, *Board Member*
DR. JAMES H. STEWART, *Board Member*
DR. THOMAS L. WEISS, *Board Member*

APRIL 2, 1971

MR. PAUL R. BOYKIN, EXECUTIVE DIRECTOR
BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA
810 WEST BETHANY HOME ROAD
PHOENIX, ARIZONA 85013

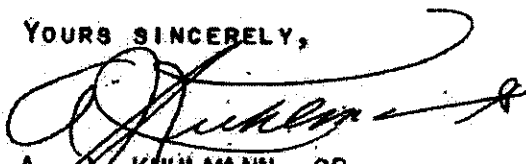
DEAR MR. BOYKIN:

RE: DAVID LEIGHTON CHILD, M.D.

THIS IS TO CERTIFY THAT THE ABOVE NAMED PHYSICIAN WAS AN
ASSOCIATE MEMBER OF THE ORLEANS PARISH MEDICAL SOCIETY
FROM JUNE 14, 1966 TO AUGUST 30, 1968, AT WHICH TIME HE
RESIGNED FROM THE SOCIETY BECAUSE OF HIS REMOVAL TO
BELLEVUE, WASHINGTON.

THERE IS NO INFORMATION ON FILE THAT COULD BE CONSIDERED
DETRIMENTAL IN ANY WAY TO THE ETHICAL, MORAL OR PROFESSIONAL
CHARACTER OF DR. CHILD.

YOURS SINCERELY,



A. J. KUELMANN, SR.,
EXECUTIVE SECRETARY

AJK/1B

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

810 West Bethany Home Road, Phoenix, Arizona 85013

March 31, 1971

APR 12 1971

APR 5 1971

To: George S. Palmer, M.D., Executive Director
Florida Board of Medical Examiners

PLEASE RUSH

Dear Doctor Palmer:

The following medical doctor has made application to this Board for a license to practice medicine in the State of Arizona:

David Leighton Child, M.D.



The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you.

License or Certificate No. 13198

Exact Date of Issue 3/1/68

By Written Examination
 Through Reciprocity With (State or National Board)
(Name)

License is Current License is or has been invalid
Reason: _____

Derogatory Information: None

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin
Paul R. Boykin, Executive Director

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

APR 8 1971 APR 2 1971

810 West Bethany Home Road, Phoenix, Arizona 85013

March 31, 1971

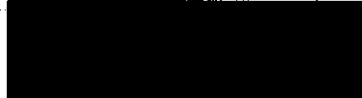
To: Elmer G. Linhardt, M.D., Executive Secretary
Maryland Board of Medical Examiners

PLEASE RUSH

Dear Doctor Linhardt:

The following medical doctor has made application to this Board for a license to practice medicine in the State of Arizona:

David Leighton Child, M.D.



The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you.

Maryland medical licenses are not numbered.
License or Certificate No. Triennial Registration Renewal Certificate #D3226

Exact Date of Issue July 24, 1962

By Written Examination

Through Reciprocity With _____
(State or National Board)
(Name)

License is Current License is or has been invalid

Reason: _____

Derogatory Information: None in our files.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin
Paul R. Boykin, Executive Director

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

March 31, 1971

Re: David Leighton Child, M. D.
License through Reciprocity Endorsement

David L. Child, M. D.
[REDACTED]

Dear Doctor Child:

This will acknowledge receipt of your application, fee and credentials for a license to practice medicine in the State of Arizona, through reciprocity endorsement. Our receipt #9767 in the amount of \$150.00 to cover reciprocity endorsement fee deposited is enclosed.

Your application abovementioned appears to be deficient as follows:

1. A letter from your Commanding Officer setting forth the dates of active duty, assignments and anticipated date of release from the Public Health Service.

On receipt of the abovementioned item, not mailed no later than June 21, 1971, you will then be scheduled to appear for the required interview at the meeting of the Board of Medical Examiners at its meeting on Saturday, July 24, 1971.

In the event we may be of further service, please advise.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin, Executive Director

PRE:m
encl

ARIZONA GOVERNMENT PRINTING OFFICE: 1969 O-155101

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

810 West Bethany Home Road, Phoenix, Arizona 85013

March 31, 1971

APR 2 1971

To: J. Morgan Lyons, M.D., Secretary-Treasurer
Louisiana Board of Medical Examiners

RECEIVED
APR 1 1971

Dear Doctor Lyons:

The following medical doctor has made application to this Board for a license to practice medicine in the State of Arizona:

David Leighton Child, M.D.



The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you.

License or Certificate No. 2388

Exact Date of Issue June 11, 1966

By Written Examination

Through Reciprocity With Maryland
(State or National Board)
(Name of)

License is Current License is or has been invalid

Reason: _____

Derogatory Information: None on file.

Cordially,

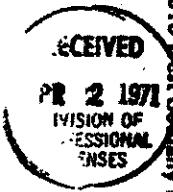
BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

J. Morgan Lyons, M.D.
J. MORGAN LYONS, M.D., Secty-Treas.
Louisiana State Board of Medical Exam.
April 2, 1971

Paul R. Boykin
Paul R. Boykin, Executive Director

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

810 West Bethany Home Road, Phoenix, Arizona 85013



March 31, 1971

APR 5 1971

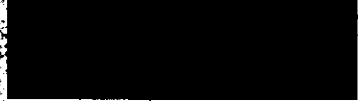
To: Mr. Max V. Brokaw, Administrator
Washington Board of Medical Examiners

PLEASE RUSH

Dear Mr. Brokaw:

The following medical doctor has made application to this Board for a license to practice medicine in the State of Arizona:

David Leighton Child, M.D.



The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you.

License or Certificate No. 10475

Exact Date of Issue 10/21/68

By Written Examination

Through Reciprocity With National Board
(State or National Board)

(Name)

License is Current License is or has been invalid

Reason: _____

Derogatory Information: None

Cordially,

E.C.

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Paul R. Boykin
Paul R. Boykin, Executive Director



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
FEDERAL HEALTH PROGRAMS SERVICE

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

Refer to:

March 30, 1971

Board of Medical Examiners
State of Arizona
810 West Bethany Home Road
Phoenix, AR 85013

Gentlemen:

Due to an oversight, we neglected to include with my Application for Arizona State license, the form showing my assignment in Phoenix and my list of active state licenses. They are enclosed herewith.

Sincerely,

David L. Child, M.D.
DAVID L. CHILD, M.D.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
FEDERAL HEALTH PROGRAMS SERVICE

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

Refer to:

March 26, 1971

Board of Medical Examiners
of the State of Arizona
810 W. Bethany Home Rd.
Phoenix, AR 85013

Gentlemen:

Enclosed is the completed application for medical license
in the State of Arizona and a check for the statutory fee
of \$150.00.

Please notify me of receipt of the application and the date
for my interview.

Thank you.

Sincerely,

David L. Child, M.D.
DAVID L. CHILD, M.D.

CHILD
DAVID L.

THIS IS NOT AN APPLICATION FOR LICENSE

Following receipt of your inquiry for information relative to the practice of medicine in the State of Arizona, and that we may determine whether or not you would qualify for regular licensure through reciprocity endorsement; reciprocity endorsement with oral examination; the written examinations; for temporary license; or regrettably would not qualify for licensure, please complete the following form, returning it as early as possible to: BOARD OF MEDICAL EXAMINERS, 810 WEST BETHANY HOME ROAD, PHOENIX, ARIZONA 85013.

BACKGROUND INFORMATION

Applicant's Name: PRINT: David L. Child
Street Address _____
City and State _____ (Zip Code) _____
Telephone: Area Code _____ Number _____

NAME OF MEDICAL SCHOOL: Univ. of Maryland
City and State _____
Date of Graduation 1962 Date of M. D. Degree 1962
ECFMG Certificate No. _____ Date of Issue _____
(Foreign Graduates Only)

INTERNSHIP: Name of Hospital U.S.P.H.S.
City and State Staton Island
Term: From 1962 to 1963

RESIDENCY: Hospitals & Location 1. U.S.P.H.S. New Orleans
(City and State) 2. 7
3. _____
Period of Service in 1. From 1965 to 1968
Each (Exact Dates): 2. From _____ to _____
3. From _____ to _____

Specialty Field O.B.G. Are you Board Certified? yes
(for each residency)

LICENSE: List the States and National Board licenses you have ever held.
Maryland, Florida, Louisiana, Wash.

Give name of State or National Board; exact date and number, of most recent license received through complete clinical Written Examinations of issuing agency.
State or N. B. N.B. No. _____ Date Issued _____, 1964

Do you prefer licensure by?: Reciprocity Endorsement Written Examination
Reciprocity Endorsement with Oral Examination Temporary (Underline One)
CITIZENSHIP: (X) By Birth () Naturalization () Declaration of Intention

Applicant's Name: Signature _____
Date: show 2-18-71
rec. app sent 2-18-71 (See Over)

Hawaii 1963 - 1965 -

ACTIVE PRACTICE: City & State

U.S.P.H.S., Little

Term: From

1968 to present

LATEST MILITARY: Term: From

U.S.P.H.S. 1967 to present

Branch of Service

U.S.P.H.S.

Rank

Dr. Surgeon

FOREIGN MEDICAL SCHOOL GRADUATES:

Must have satisfactorily completed twenty-four months of approved hospital training in the United States, its territories, or the District of Columbia. The Board MAY accept approved internship, approved residency or approved fellowships, or any combination thereof.

Must successfully complete the Written Examinations of this Board of Medical Examiners.

Foreign graduates ARE NOT eligible for reciprocity endorsement.

RECIPROCITY ENDORSEMENT:

Full reciprocity is offered graduates of approved medical schools located in the United States and Canada; requires one year of approved postgraduate education; and is limited to endorsement of a license, now current and in good standing, which was received on the basis of WRITTEN EXAMINATION during the immediate fifteen (15) years preceding application to this Board from any of the United States, the District of Columbia or the National Board of Medical Examiners.

RECIPROCITY ENDORSEMENT WITH ORAL EXAMINATION:

Those candidates whose license is issued more than fifteen years preceding application, will be subject to oral examinations prior to licensure in Arizona.

TEMPORARY LICENSE:

Applicants who are fully qualified for regular licensure may be granted temporary licenses by the Board only when, in its discretion, it deems necessary to satisfy any of the following: (1) Instances of local or national emergency; or (2) Instances of lack of availability of adequate medical care in any Arizona community. Temporary license applicants must: obtain a qualified licensed doctor of medicine as a sponsor; obtain a letter of approval of the community emergency need for his services from the county medical society of jurisdiction; have completed an application provided by this Board; and, have paid all fees pertaining thereto.

WRITTEN EXAMINATION:

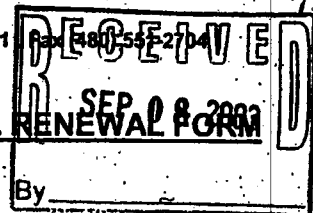
The written examinations given qualified applicants are the FLEX examinations and are conducted in the months of June and December, annually. To merit consideration, the candidate must have his FULLY COMPLETED APPLICATION in the hands of the Board not later than April 25, or October 25, prior to the succeeding examination date, to qualify. THERE CANNOT BE ANY EXCEPTION TO THIS RULE.

Sample questions and textbook recommendations for study are unavailable and requests therefor will not be considered.

(Over)

ARIZONA MEDICAL BOARD

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



1175

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DAVID L. Child MD
 LICENSE #: 6275 SPECIALTY: OB/GYN, GYN ONC

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100)

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

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

PRIMARY PRACTICE LOCATION:		DEA # FOR THIS LOCATION:	
Street Address <u>1010 E. McDowell Rd #100</u>		City/State/Zip Code <u>PHX AZ 85006</u>	
Phone Number <u>602-254-7700</u>		Fax Number <u>602-254-3486</u>	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION:		DEA # FOR THIS LOCATION:	
Street Address <u>5651 N. Hill St.</u>		City/State/Zip Code <u>Phoenix AZ 85014</u>	
Phone Number <u>602-263-2235</u>		Fax Number <u>602-604-0159</u>	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

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

Physician's Signature: David L. Child MD Date: 9/4/03

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

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

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

Street Address 1304 E. PLAZA (PLAZA)		City/State/Zip Code FLAGSTAFF AZ	
Phone Number 928-779-3653		Fax Number 928-774-2151	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

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

Street Address 1250 E. APACHE #108		City/State/Zip Code Tempe AZ 85281	
Phone Number 480-967-9414		Fax Number 480-921-8712	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: *applied for*

Street Address 656 W. GURLEY		City/State/Zip Code Prescott AZ 86305	
Phone Number 928-776-0420		Fax Number 928-776-4145	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: *applied for*

Street Address 8822 N. 45th Ave		City/State/Zip Code Glendale AZ 85302	
Phone Number 623-934-3244		Fax Number 623-937-3014	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

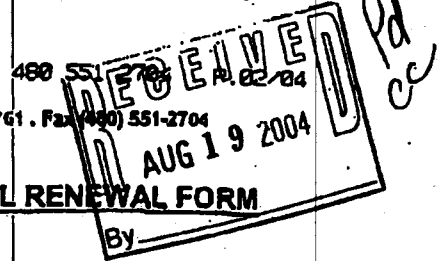
ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

JAN-14-2004 15:01

ARIZONA MEDICAL BOARD

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



DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DAVID L. CHILD

LICENSE #: 6275

SPECIALTY: OB/GYN, GYN/CNK

CHECK ONE: [X] Initial Registration (\$200) [] Renewal Registration (\$100)

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

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

PRIMARY PRACTICE LOCATION: Street Address 1010 E McDowell Rd #LL6, City/State/Zip Code Phoenix AZ 85006, Phone Number 602-254-7700, Fax Number 602-254-3486, Schedule II Drugs [X], Schedule III Drugs [X], Prescription-Only Drugs [X], Nubain [X], Schedule IV Drugs [X], Schedule V Drugs [X], Prescription Devices [X]

8/31/04

ADDITIONAL PRACTICE LOCATION: Street Address 5651 N. 7th St, City/State/Zip Code Phoenix AZ 85014, Phone Number 602-277-7526 or 263-2235, Fax Number 602-604-1159, Schedule II Drugs [X], Schedule III Drugs [X], Prescription-Only Drugs [X], Nubain [X], Schedule IV Drugs [X], Schedule V Drugs [X], Prescription Devices [X]

8/31/05

List any additional locations on the reverse side of this form and place check markers [X]

Physician's Signature: David L Child MD

Date: 08/18/04

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

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

JAN-14-2004 16:01

480 551 2784 P.03/04

Street Address 1304 S. PLAZA		City/State/Zip Code FLAGSTAFF, AZ 86001	
Phone Number 928-779-3653 or 602-263-2235		Fax Number 928-774-5366	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

8/31/05

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

8/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address 656 W GURLEY		City/State/Zip Code PRESCOTT, AZ 86305	
Phone Number 928-776-0420		Fax Number 928-776-4145	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

8/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address 1250 E APACHE #106		City/State/Zip Code Tempe AZ 85281	
Phone Number 480-967-9414		Fax Number 480-921-8712	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

8/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

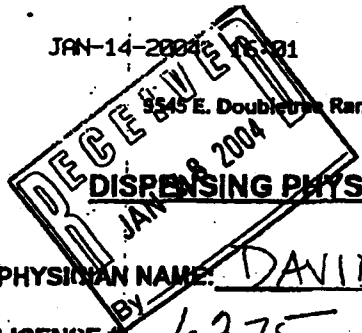
ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ARIZONA MEDICAL BOARD

2545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: <http://www.azmdboard.org>



DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DAVID L. CHILD, MD

LICENSE #: 6275

SPECIALTY OB/GYN / GYN ONC

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100)

Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.

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

PLEASE NOTE

A separate DEA license must be submitted for each location where controlled substances will be dispensed and must be received prior to the registration period.

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

THIS OFFICE OPENS at 1st Division

Street Address 1010 E. McDowell Rd #46		City/State/Zip Code Phoenix, AZ 85006	
Phone Number 602-254-7700		Fax Number 602-254-3486	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

new site opens 4/13/04 applied for

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

List any additional locations on the reverse side of this form and check the checkmark there.

Physician's Signature: David L Child MD

Date: 1-15-04

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

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard.

If you wish to pay by Payment Card, please complete the attached: PAYMENT CARD AUTHORIZATION FORM

AUG-19-2004 07:56

480 551 2704 P.02/11

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: DAVID L. Child MD
LICENSE #: 10275 SPECIALTY: OB/GYN, GYNONE

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100)

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

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

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address		City/State/Zip Code			
Phone Number		Fax Number		E Mail	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs		Nubain	
Schedule IV Drugs	Schedule V Drugs	Prescription Devices		Exp. 8/31/2006	

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

Physician's Signature: David L Child Date: 9/08/04

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

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

JAN-14-2004 16:01

480 551 2704 P.02/04

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DAVID L. CHILD

LICENSE #: 6275 SPECIALTY: OB/GYN - GYN ONC

CHECK ONE: [] Initial Registration (\$200) [] Renewal Registration (\$100)

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

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

PRIMARY PRACTICE LOCATION: Street Address: 1010 E McDowell Rd, City/State/Zip Code: Phoenix AZ 85006, Schedule II Drugs, Schedule III Drugs, Prescription-Only Drugs, Nubain, Schedule IV Drugs, Schedule V Drugs, Prescription Devices

ADDITIONAL PRACTICE LOCATION: Street Address: 3131 E Thunderbird Rd #48, City/State/Zip Code: Phoenix AZ 85032, Schedule II Drugs, Schedule III Drugs, Prescription-Only Drugs, Nubain, Schedule IV Drugs, Schedule V Drugs, Prescription Devices

List any additional locations on the reverse side of this form and place checkmarks here

Physician's Signature: David L Child MD Date: 10-13-05

THIS IS AN ADD ON

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

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

ARIZONA MEDICAL BOARD

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

PAID

CC

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

AUG 11 2005

PHYSICIAN NAME: David Child, MD

LICENSE #: 6275

SPECIALTY OB-GYN / GYN ONC

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100)

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

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

PRIMARY PRACTICE LOCATION:				DEA # FOR THIS LOCATION: [REDACTED]		9/31/06	
Street Address 1010 E. McDowell Rd #116			City/State/Zip Code Phoenix AZ 85006				
Phone Number 602-254-7700			Fax Number 602-254-3486		E Mail		
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

ADDITIONAL PRACTICE LOCATION:				DEA # FOR THIS LOCATION: [REDACTED]		12/10/05	
Street Address 5651 N. 7th Street			City/State/Zip Code Phoenix AZ 85014				
Phone Number 602-277-7526			Fax Number 602-604-0159		E Mail		
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input checked="" type="checkbox"/>		

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

Physician's Signature: David Child MD Date: 6-28-05

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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

RECEIVED APR 06 2005

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/31/05

Street Address 4417 N. THE AVE		City/State/Zip Code Phoenix AZ 85013	
Phone Number 602-277-7526		Fax Number 602-887-6571	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 9/2/06

Street Address 1250 E. HOCHT #106		City/State/Zip Code Tempe AZ 85281	
Phone Number 480-967-9414		Fax Number 480-921-8712	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/2/05

Street Address 1304 S. PLAZA		City/State/Zip Code FLAGSTAFF AZ 86001	
Phone Number 928-779-3653		Fax Number 928-774-5366	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/31/08

Street Address 656 W. GURLEY		City/State/Zip Code Prescott AZ 86305	
Phone Number 928-776-0420		Fax Number 928-776-4145	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/31/08

Street Address 8822 N. 43 RD AVE		City/State/Zip Code Glendale AZ 85302	
Phone Number 602-277-7526		Fax Number 602-927-3014	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/31/07

Street Address 610 N. ARMA School #48		City/State/Zip Code Chandler AZ 85224	
Phone Number 602-277-7526		Fax Number 480-814-1095	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Child

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL BUSINESS OF PRACTICE

** Please Type or Print **

PHYSICIAN NAME: DAVID L. Child

LICENSE #: 6275

SPECIALTY: OB/GYN

CHECK ONE: Initial Registration (\$200)

Renewal Registration (\$150)

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

PLEASE NOTE

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

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Form with fields for Street Address (1010 E. McDowell), Phone Number (602-254-7700), City/State/Zip Code (Phoenix AZ 85006), Fax Number (602-254-3486), and checkboxes for Schedule II-IV Drugs, Schedule III-V Drugs, Prescription-Only Drugs, and Prescription Devices.

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Form with fields for Street Address (5651 N. 75th), Phone Number (602-277-7526), City/State/Zip Code (Phoenix AZ 85014), Fax Number (602-604-0159), and checkboxes for Schedule II-IV Drugs, Schedule III-V Drugs, Prescription-Only Drugs, and Prescription Devices.

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

Checkmark box

Physician's Signature: David L. Child Date: 6-14-06

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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

ENTERED stamp

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 4417 N. 7th Ave		City/State/Zip Code Phoenix AZ 85013	
Phone Number 602-277-7526		Fax Number 602-889-6571	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 1250 E. APACHE #106		City/State/Zip Code Tempe AZ 85281	
Phone Number 602-277-7526		Fax Number 480-921-8712	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 1304 S. PLAZA		City/State/Zip Code FLAGSTAFF AZ 86001	
Phone Number 602-277-7526		Fax Number 928-774-5366	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 656 W. GURTEY		City/State/Zip Code Prescott AZ 86305	
Phone Number 602-277-7526		Fax Number 928-776-4145	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 8822 N. 43rd Ave		City/State/Zip Code Glendale AZ 85302	
Phone Number 602-277-7526		Fax Number 623-937-3014	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/06

Street Address 610 N. ALMA SCHOOL #48		City/State/Zip Code CHANDLER AZ 85224	
Phone Number 602-277-7526		Fax Number 480-814-1095	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

8/31/06

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address		City/State/Zip Code	
3131 E. Thunderbird #48		Phoenix AZ 85032	
Phone Number		Fax Number	E Mail
602-277-7526		602-953-8052	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
		Prescription-Only Drugs	<input checked="" type="checkbox"/>
		Prescription Devices	<input checked="" type="checkbox"/>
		Nubain	<input checked="" type="checkbox"/>

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DAVID L. CHILD MD

LICENSE #: 6275

SPECIALTY: OB/GYN

CHECK ONE: Initial Registration (\$200)

Renewal Registration (\$100)

3/9/09

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

PLEASE NOTE: Separate DEA license must be obtained for each location during the registration period.

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

P.O. Box		Street Address		Phoenix		City/State/Zip Code	
42388		42388		AZ		85080	
602-615-6135				Fax Number		E Mail	
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain				
Schedule IV Drugs	Schedule V Drugs	Prescription Devices					

additional location

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

PPENA 140 N. Litchfield		Street Address		Good year		City/State/Zip Code	
5th 100		5th 100		AZ		85338	
602-277-7526				Fax Number		E Mail	
602-277-7526		602-604-0159					
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubain				
Schedule IV Drugs	Schedule V Drugs	Prescription Devices					

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

Physician's Signature: David L Child MD

Date: 3/9/09

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

Make checks or money orders payable to ARIZONA MEDICAL BOARD. For your convenience, we accept payments by Visa or MasterCard. If you wish to pay by payment card, please complete this authorization form.

RECEIVED

JUN 01 2007
 ARIZONA MEDICAL BOARD
 BUSINESS OPERATIONS

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL

** Please Type or Print **

PHYSICIAN NAME: DAVID L. Child, MD

LICENSE #: 6275

SPECIALTY: OB/GYN

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$150)

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

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

PRIMARY PRACTICE LOCATION: *Please to mail to this address*

Street Address <u>5651 N. 7th St.</u>		City/State/Zip Code <u>Phoenix AZ 85014</u>	
Phone Number <u>602-277-7526 (602-263-4294)</u>		Fax Number <u>602-263-4281</u>	E Mail
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

Street Address <u>1010 E. McDowell</u>		City/State/Zip Code <u>Phoenix AZ 85006</u>	
Phone Number <u>602-615-6135</u>		Fax Number <u>602-581-6566</u>	E Mail
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

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

Physician's Signature: David L. Child MD Date: 5/31/07

Initial registration fee: \$200.00 per physician Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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

 **ENTERED**

Street Address 4417 N. 7th Ave		City/State/Zip Code Phoenix AZ 85013	
Phone Number 602-277-7526		Fax Number 602-263-4281	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/09

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [Redacted]

Street Address 1304 A. PLAZA		City/State/Zip Code Flagstaff AZ 86001	
Phone Number 602-277-7526		Fax Number 928-774-5366	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/08

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [Redacted]

Street Address 3131 E. Thunderbird #48		City/State/Zip Code Phoenix AZ 85032-0002	
Phone Number 602-277-7526		Fax Number 602-953-8052	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/08

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [Redacted]

Street Address 656 W. Gurteef Street		City/State/Zip Code Prescott AZ 86305	
Phone Number 602-277-7526		Fax Number 928-776-4145	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/09

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [Redacted]

Street Address 610 N. ALMA School #48		City/State/Zip Code CHANDLER, AZ 85224-0000	
Phone Number 602-277-7526		Fax Number 480-814-1095	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/09

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [Redacted]

Street Address 8822 N. 43rd Ave.		City/State/Zip Code Glendale, AZ 85302	
Phone Number 602-277-7526		Fax Number 623-937-3044	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices		[Redacted]	

8/31/09

Child
6275

Street Address 1250 E. APACHE #108		City/State/Zip Code Tempe, AZ 85281	
Phone Number 602-277-7526		Fax Number 480-921-8712	
E Mail			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

8/31/09

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: [REDACTED] 8/31/09

Street Address 140 N. Litchfield Ste #100		City/State/Zip Code Goodyear, AZ 85338	
Phone Number 602-277-7526		Fax Number 623-932-4558	
E Mail			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION:

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

Child
6275

ARIZONA MEDICAL BOARD

9849 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 831-2761 . Fax (480) 831-2764 Home Page: http://www.azmed.gov

Handwritten initials/signature

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: David L Child

LICENSE #: 6275 SPECIALTY: Gynecology

JUN 19 2009

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$150)

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

PLEASE NOTE

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

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [Redacted]

3/31/09 ✓

Street Address <u>4417 N 75 Ave</u>		City/State/Zip Code <u>Phoenix AZ 85013</u>	
Phone Number <u>602-889-6574</u>		Fax Number <u>602-889-6571</u>	E Mail <u>N/A</u>
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [Redacted]

3/31/08 ✓

Street Address <u>1304 S. Plaza</u>		City/State/Zip Code <u>Flagstaff AZ 86001</u>	
Phone Number <u>928-779-3653</u>		Fax Number <u>928-774-5366</u>	E Mail <u>N/A</u>
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices		<input checked="" type="checkbox"/>	

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

Physician's Signature: David L Child, MD Date: 6-19-08

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

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

Handwritten initials/signature

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/09 ✓

Street Address 140 N. Litchfield #100		City/State/Zip Code Goodman, AZ 85338	
Phone Number (623) 932-5111		Fax Number (623) 932-4558	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/09 ✓

Street Address 656 W. Gurley		City/State/Zip Code Prescott, AZ 85305	
Phone Number 928-776-0420		Fax Number 928-776-4145	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/09 ✓

Street Address 8822 N. 43rd Ave		City/State/Zip Code Glendale, AZ 85321	
Phone Number (623) 934-7006		Fax Number (623) 937-3014	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/10 ✓

Street Address 610 N. Alma School Rd #48		City/State/Zip Code Chandler, AZ 85224	
Phone Number 480-814-7479		Fax Number 480-814-1095	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/10 ✓

Street Address 3131 E. Thunderbird #48		City/State/Zip Code Phoenix, AZ 85032	
Phone Number (602) 953-9000		Fax Number (602) 953-8052	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION: [REDACTED]

8/31/09 ✓

Street Address 1250 E. Apache Blvd #108		City/State/Zip Code Tempe, AZ 85281	
Phone Number 480-967-9410		Fax Number 480-961-8712	
E Mail N/A			
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		<input checked="" type="checkbox"/>	Nubain
Prescription Devices		<input checked="" type="checkbox"/>	

Physician Name David L Child

License # 6275

ADDITIONAL PRACTICE LOCATION:

5651 N. 7th St. Phoenix, AZ 85041
Street Address City, State, Zip Code Phone #

 07-05-2005 08-31-2008
DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #

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

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #

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

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #

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

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #

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

cl
4150

ARIZONA MEDICAL BOARD

9645 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2701 . Fax (480) 551-2704
Home Page: <http://www.azmb.gov>

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JUN 18 0 2009

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

AZ MEDICAL L...

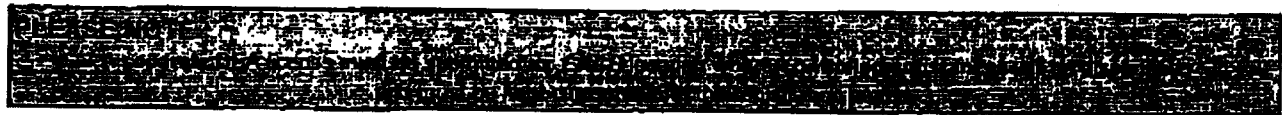
PHYSICIAN NAME: David Leighton Child, MD

MD LICENSE #: 6275

SPECIALTY: Gyn

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

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



140 N LITCHFIELD RD STE 100
GOODYEAR, AZ 85338

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

Dispensing location information correct Copy of DEA attached Remove this location

1250 E APACHE #108
TEMPE, AZ 85281

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

Dispensing location information correct Copy of DEA attached Remove this location

8822 N 43RD AVE
GLENDALE, AZ 85302

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

Dispensing location information correct Copy of DEA attached Remove this location

610 N ALMA SCHOOL #48
CHANDLER, AZ 85224

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

Dispensing location information correct Copy of DEA attached Remove this location

858 W GURLEY ST
PRESCOTT, AZ 86305

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

Dispensing location information correct Copy of DEA attached Remove this location

3131 E THUNDERBIRD #48
PHOENIX, AZ 85032

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

Dispensing location information correct Copy of DEA attached Remove this location

1304 S PLAZA
FLAGSTAFF, AZ 86001

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

Dispensing location information correct Copy of DEA attached Remove this location

4417 N 7TH AVENUE
PHOENIX, AZ 85013

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

Dispensing location information correct Copy of DEA attached Remove this location

5851 N 7TH ST
PHOENIX, AZ 85014

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

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature:

David J. Mitchell M.D.

Date:

6/25/09

CR1347
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 OCT 12 2010
 AZ MEDICAL BOARD

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

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: David L Child, M.D.

LICENSE #: AZ 6275 SPECIALTY: Gynecology

CHECK ONE: Initial Registration (\$200) Renewal Registration (\$150)

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

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

PRIMARY PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address <u>1615 East Osborn Road</u>		City/State/Zip Code <u>Phoenix AZ 85016</u>	
Phone Number <u>602-462 5559</u>		Fax Number <u>602-667 6608</u>	E Mail
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Prescription Devices			
<input checked="" type="checkbox"/>			

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

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

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

Physician's Signature: David L Child, M.D. Date: Oct 8, 2010

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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

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

CHILD, DAVID LEIGHTON MD
1615 E. OSBORN RD
PHOENIX, AZ 85016-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-26-2009
CHILD, DAVID LEIGHTON MD 1615 E. OSBORN RD PHOENIX, AZ 85016-0000		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-26-2009

CHILD, DAVID LEIGHTON MD
1615 E. OSBORN RD
PHOENIX, AZ 85016-0000

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

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

RECEIVED

MAY 18 2011

ARIZONA MEDICAL BOARD

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

AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

J
50337

PHYSICIAN NAME: David Leighton Child, MD

MD LICENSE #: 6275

SPECIALTY: OB-Gyn

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

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

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

1615 E Osborn Rd
Phoenix, AZ 85016

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

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature: David Leighton Child, MD Date: 5/10/11

CHILD, DAVID LEIGHTON MD
1615 E. OSBORN RD
PHOENIX, AZ 85016-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2012 ✓	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-26-2009
CHILD, DAVID LEIGHTON MD 1615 E. OSBORN RD PHOENIX, AZ 85016-0000		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	08-31-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	08-26-2009
CHILD, DAVID LEIGHTON MD 1615 E. OSBORN RD PHOENIX, AZ 85016-0000		

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

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

Please mail or fax this form to:

Arizona Medical Board
Arizona Regulatory Board of Physician Assistants
Attention: Licensing Office
8545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
Fax: 480-551-2704



ADDRESS CHANGE FORM

- You must notify the board in writing within 30 days of any change of office or home address and phone number
- Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you
- Please print this form and provide all information on your address change as requested below. Please type or print legibly. Fax or mail the completed form to the Board
- In accordance with A.R.S. §32-3801, notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board established pursuant to this title are not available to the public unless they are the only address and numbers of record.

Please record the following address changes:

EFFECTIVE DATE: 2/23/07

PRACTICE: None
(Company Name) (If you do not have a practice address or name write the word "NONE")

Street Address Only: _____
(list P.O. Box as Mailing Address below)*

City: _____ State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Office E-Mail: _____

RESIDENCE ADDRESS: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Cell Phone: _____
 Residence E-Mail: _____

MAIL SHOULD BE SENT TO MY: Practice Residence The Address Below

MAILING ADDRESS: DAVID L. Child, MD
(if different from either above)

Street or P.O. Box: _____
City: _____ State: _____ Zip: _____

**If no practice address, do you want your home address listed on the website? Yes No

DAVID L. Child MD
Name (Please print)

David L. Child, MD.
Signature

6275
AZ License #
2/23/07
Today's Date

94

Please mail or fax this form to:

Arizona Medical Board
Arizona Regulatory Board of Physician Assistants
Attention: Licensing Office
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
Fax: 480-551-2704



ADDRESS CHANGE FORM

- You must notify the board in writing within 30 days of any change of office or home address and phone number
- Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you
- Please print this form and provide all information on your address change as requested below. Please type or print legibly. Fax or mail the completed form to the Board
- In accordance with A.R.S. §32-3801, notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board established pursuant to this title are not available to the public unless they are the only address and numbers of record.

Please record the following address changes:

EFFECTIVE DATE: Feb 26, 2008

PRACTICE: NONE (Company Name) (If you do not have a practice address or name write the word "NONE")

Street Address Only: (list P.O. Box as Mailing Address below)*

City: State: Zip:

Office Telephone: 602-615-0159 Office Fax: 3

Office E-Mail: list as phone #

RESIDENCE ADDRESS:

City: State: Zip:

Telephone: Cell Phone:

Residence E-Mail:

MAIL SHOULD BE SENT TO MY: Practice Residence The Address Below

MAILING ADDRESS: DAVID L CHILD, MD (if different from either above)

Street or P.O. Box: P.O. Box 71027

City: PHOENIX State: AZ Zip: 85050

list as office address

**If no practice address, do you want your home address listed on the website? Yes No

DAVID L. CHILD, MD
Name (Please print)

David L. Child, MD
Signature

6275
AZ License #

March 13, 2008
Today's Date

2002 BIENNIAL MD LICENSE RENEWAL APPLICATION

AZ MD Lic#: 6275 David L Child, MD

Renewal Fee: \$450

\$800 if postmarked after 05/25/2002

1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

Phone #: (602) 254-7700 Fax #:
E-Mail:
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

Phone #: Fax #:
E-Mail:

OTHER PROVIDER INFORMATION

Phone #: Fax #: 602-254-3486
E-Mail:
ADDRESS:
CITY/STATE/ZIP:
PHONE/FAX:
E-MAIL:
CALL PHONE #:

DECEIVED
MAY 17 2002
By

SELECT FROM THE ATTACHED LIST OF SELF-DESIGNATED "FIELD OF PRACTICE" CODES

	Certified?	Practice?
GYN	X	X
GO		X

Make corrections if necessary

	Certified?	Practice?

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

- PLEASE ANSWER THE FOLLOWING QUESTIONS:
- Other than in Arizona, are you currently under investigation by any medical board or peer review body? Yes No
 - Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) Yes No
 - Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) Yes No
 - Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions) Yes No
 - Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) Yes No
 - Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) Yes No
 - Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? Yes No
 - Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? Yes No
 - Have you been denied a license in another state? If yes, State: _____ Date of Denial: _____ Reason for Denial: _____ Yes No
 - Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? Yes No
If yes, please attach an explanation and applicable court docket. See instructions on back.
 - Since your last renewal, has a malpractice matter resulted in a settlement or judgment against you? Yes No

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2000 and 2001, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted) David L Child, MD Date 05-15-02

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

ARIZONA MEDICAL BOARD 2004 BIENNIAL MD LICENSE RENEWAL APPLICATION

Palce

AZ MD Lic#: 6275 David L. Child, MD

Renewal Fee: \$500

\$850 (if not marked (Rev 06/24/2004))

PUBLIC ADDRESS
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

OFFICE ADDRESS
1010 E McDowell Rd
STE LL6
PHX, AZ 85006

Phone #: (602) 254-7200

Fax #: (602) 254-7200

Phone #: 602-254-3486
E-Mail: [redacted]

MAILING ADDRESS
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

MAILING ADDRESS
1010 E McDowell Rd Ste LL6
PHX, AZ 85006

By: [Signature]
JUN - 2 2004

Phone #: [redacted]
E-Mail: [redacted]

Fax #: [redacted]

Phone #: [redacted]
E-Mail: [redacted]
Cell Phone #: N/A

AMERICAN BOARD OF COLLEGIATE AND POSTGRADUATE PHYSICIAN CERTIFICATION

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

GVN	Certified?	Practicing?
GO	N	Y

Make corrections if necessary

GVN	Certified?	Practicing?
GO	Y	Y

REQUIRED INFORMATION FOR THE BOARD'S REVIEW

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

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? Yes No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) Yes No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) Yes No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice imposed by any agency of the federal or state government? (see instructions) Yes No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) Yes No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) Yes No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? Yes No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? Yes No
- Have you been denied a license in another state? If yes, State: [redacted] Date of Denial: [redacted] Reason for Denial: [redacted] Yes No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? If yes, please attach an explanation and applicable court document. See instructions on back. Yes No
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you? Yes No

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2002 and 2003, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. §14-16-101.

Signature: [Signature]

Date: 5/26/04

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

AZ MD Lic#: 6275 David L. Child, MD

Renewal Fee: \$500

\$850 (if postmarked after 06/26/2006)

CURRENT INFORMATION
Please review and make corrections as necessary.

CORRECTIONS

PD OK 1562

**OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
PUBLIC ADDRESS & PHONE NUMBER**

1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

Phone #: (602) 254-7700

Fax #: (602) 254-3486

E-Mail:

Phone #:

Fax #:

E-Mail:

MAILING ADDRESS

1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

MAILING ADDRESS

RECEIVED BY:

APR 19 2006

HOME ADDRESS

ARIZONA MEDICAL BOARD
BUSINESS OPERATIONS

Phone #:

Fax #:

E-Mail:

HOME ADDRESS

Phone #:

Fax #:

E-Mail:

Cell Phone #:

(Optional)

AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:

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

	Certified?	Practicing?
GYN	Y	Y
GO	N	Y

Make corrections if necessary

	Certified?	Practicing?

REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

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

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

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

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2004 and 2005, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

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

Individual - David Leighton Child

2008 Renewal
License# 6275 MD License

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

No If Yes, describe

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

No If Yes, describe

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

No If Yes, describe

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

No If Yes, describe

5. Since your last renewal have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?

No If Yes, describe

6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?

Yes If Yes, describe
I retired and closed my practice in Spring 2006. All hospital privileges were resigned.

7. Since your last renewal, has disciplinary action been taken against you by any licensing agency (other than the Arizona Medical Board) with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or withdrawal.

If Yes, describe

8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?

If Yes, describe

9. Since your last renewal have you been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.

If Yes, describe

10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?

If Yes, describe

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

If Yes, describe

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

If Yes, describe

13. Since your last renewal have you been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?

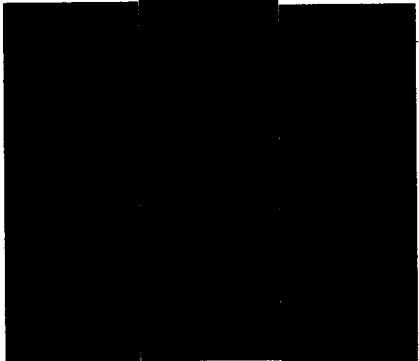
If Yes, describe

Individual - David Leighton Child

2008 Renewal
License# License Type
6275 MD License

1. Since your last renewal, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?

If Yes, describe



2. Are you now being treated or since your last renewal have you been treated or for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below

If Yes, describe

3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.

If Yes, describe



Individual - David Leighton Child

2010 Renewal
License# License Type
6275 MD License

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

If Yes, describe

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

If Yes, describe

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

If Yes, describe

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

If Yes, describe

5. Since your last renewal have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?

If Yes, describe

6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?

If Yes, describe

7. Since your last renewal, has disciplinary action been taken against you by any licensing agency (other than the Arizona Medical Board) with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or withdrawal.

If Yes, describe

8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?

If Yes, describe

9. Since your last renewal have you been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.

If Yes, describe

10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?

If Yes, describe

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

If Yes, describe

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

If Yes, describe

13. Since your last renewal have you been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?

If Yes, describe

Individual - David Leighton Child

2010 Renewal
License# 6275 License Type MD License

1. Since your last renewal, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?
 If Yes, describe
2. Are you now being treated or since your last renewal have you been treated or for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below
 If Yes, describe
3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.
 If Yes, describe



Arizona Medical Board

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

Governor

Janet Napolitano

Members of the Board

Edward J. Schwager, M.D.
Chair
Physician Member

Sharon B. Megdal, Ph.D.
Vice-Chair
Public Member

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

Patrick N. Connell, M.D.
Physician Member

Ingrid E. Haas, M.D.
Physician Member

Tim B. Hunter, M.D.
Physician Member

J. Becky Jordan
Public Member

Ram R. Krishna, M.D.
Physician Member

Douglas D. Lee, M.D.
Physician Member

William R. Martin, III, M.D.
Physician Member

Dona M. Pardo, Ph.D., R.N.
Public Member/R.N.

M. Chris Wertheim
Public Member

Executive Staff

Barry A. Cassidy, Ph.D., P.A.-C.
Executive Director

Barbara J. Kane
Assistant Director

Randi Orchard
Chief Financial Officer

Beatriz Garcia Stamps, M.D.
Medical Director

Cherie Pennington
Director of Human Resources

Gary Oglesby
Chief Information Officer

October 28, 2004

PERSONAL and CONFIDENTIAL

David Child, M.D.
1010 E. McDowell Road, Suite LL6
Phoenix AZ 85006-2618

Re: AMB Malpractice (Pt. G [REDACTED] P [REDACTED]) vs. David Child, M.D.
Case No. MD-04-0515

Dear Dr. Child:

You were previously advised that the Arizona Medical Board ("Board") received notification of your involvement in the above captioned Medical Malpractice action.

Please be advised that the Board's Medical staff has completed its review and determined that no violation of the Medical Practice Act occurred. Accordingly, I have dismissed this case. A.R.S. §32-1405 (C)(21).

Thank you for your cooperation in this matter.

Sincerely,

Barry A. Cassidy, Ph.D., P.A.-C.
Executive Director

BAC:sa

Cc: Investigative file

Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Bernadette E. Phelan, Ph.D.
Assistant Director



Arizona Medical Board

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

Tim B. Hunter, M.D.
Chair

William R. Martin, III, M.D.
Vice-Chair

Douglas D. Lee, M.D.
Secretary

12/13/2005

PERSONAL and CONFIDENTIAL

David L. Child, M.D.
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

**Re: E.B. vs. David L. Child, M.D.
Investigation No. MD-04-1516A**

Dear Dr. Child:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

A handwritten signature in cursive script that reads "Tim C. Miller".

Timothy C. Miller, J.D.
Executive Director

TCM/smc

Enclosures

Cc: Investigative File

Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Bernadette E. Phelan, Ph.D.
Assistant Director



Arizona Medical Board

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

Robert P. Goldfarb, M.D., F.A.C.S.
Chair

William R. Martin, III, M.D.
Vice-Chair

Douglas D. Lee, M.D.
Secretary

March 21, 2006

David Child, M.D.
1010 E. McDowell Rd, Ste. LL6
Phoenix, AZ 85006-2618

Re: **R. E. vs. David Child, M.D.**
Investigation No. MD-05-0997B

Dear Dr. Child:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

A handwritten signature in black ink that reads "Timothy C. Miller".

Timothy C. Miller, J.D.
Executive Director

TCM/vb

Enclosures

Cc: Investigative File

Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Bernadette E. Phelan, Ph.D.
Assistant Director



Arizona Medical Board

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

Robert P. Goldfarb, M.D., F.A.C.S.
Chair

William R. Martin, III, M.D.
Vice-Chair

Douglas D. Lee, M.D.
Secretary

April 25, 2006

David L. Child, M.D.
1010 E. McDowell Rd., Ste. LL6
Phoenix, AZ 85006-2618

**RE: C.S. vs. David L. Child, M.D.
Case # MD-06-0032A**

Dear Dr. Child:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

A handwritten signature in black ink, appearing to read "T.C. Miller".

Timothy C. Miller, J.D.
Executive Director

TCM/smc

Enclosures

Cc: Investigative File



Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Arizona Medical Board

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

Robert P. Goldfarb, M.D., F.A.C.S.
Chair

William R. Martin, III, M.D.
Vice-Chair

Douglas D. Lee, M.D.
Secretary

December 28, 2006

David L. Child, MD
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

Re: **BANNER SURGERY CENTERS v David Leighton Child**
MD-06-0321A

Dear Dr. David L. Child:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

A handwritten signature in cursive script, appearing to read "Timothy C. Miller".

Timothy C. Miller, J.D.
Executive Director

TCM/cg

Enclosure

Jane Dee Hull
Governor

Claudia Foutz
Executive Director

Tom Adams
Assistant Director, Regulation

Donna Linkous
Assistant Director, Licensing/Operations



Arizona State Board of Medical Examiners

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258

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

Telephone (480) 551-2700 • Fax (480) 551-2704 • In-State Toll Free (877) 255-2212

Ram R. Krishna, M.D.
Chairman

Tim B. Hunter, M.D.
Vice Chairman

Patrick Connell, M.D.
Secretary

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

November 13, 2000

Dr. David Child
1010 E. McDowell Rd.
Ste. LL6
Phoenix, AZ 85006

RE: K.D. v ROBERT TAMIS, MD & DAVID CHILD, MD
Case # MD-97-0855

Dear Dr. Child:

The purpose of this letter is to inform you that during the course of the October 25-27, 2000 regular meeting, the Arizona State Board of Medical Examiners (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue an Advisory Letter for failure to perform a pregnancy test prior to performing laser surgery on the cervix.

According to A.R.S. §32-1401(3), an advisory letter is defined as a non-disciplinary letter that is intended to notify a licensee that while there is insufficient evidence to support disciplinary action, the Board believes that continuation of the activities that led to the investigation may result in further Board action against the licensee. Because an advisory letter is not a disciplinary action, it is not subject to review by either the Board or the Courts. See Murphy v. Board of Medical Examiners of the State of Arizona, 190 Ariz. 441, 949 P.2d 530 (App. 1997).

Even though the advisory letter cannot be appealed, pursuant to A.R.S. §32-1451(E)(2), the licensee may file a written response to the letter with the Board within thirty days after receiving it. If timely received, the letter will be attached to the advisory letter and maintained in the license file.

Respectfully,

A handwritten signature in black ink, appearing to read "Jim Obenour", is written over the word "Respectfully,".

Jim Obenour
Board Operations Coordinator

JAO

Cc: Investigative File
License File

No.	Case Number	Case Name
		<p>MOTION: Dr. Hunter moved to issue a Decree of Censure for failure to properly manage intrauterine growth retardation, resulting in death of the unborn baby. Dr. Connell seconded the motion. VOTE: Motion carried 9-0</p>
11.	MD-99-0413 (Inv. #12895)	<p>BOMEX vs. Marc Luis Leib, M.D. (License #15508) <i>(Investigator Wheeler, Medical Consultant Dr. Kennell & Dr. Krishna)</i></p> <p>Sharon Megdal, Ph.D. and Honorable Jordan were not present for discussion of the matter. Dr. Schwager recused himself from the matter.</p> <p>Dr. Leib was present with counsel, Dan Cavett. Investigator Wheeler presented the matter to the Board. Dr. Kennell provided further information regarding the matter. Dr. Krishna led Board discussion and recommended dismissal as there</p> <p>MOTION: Dr. Sattenspiel moved that the matter be dismissed. Dr. Carmona seconded the motion. VOTE: Motion carried 8-0</p>
12.	MD-98-0794 (Inv. #12404)	<p>M.F. vs. James D. Gadd, M.D. (License #) & Richard H. Mushorn, M.D. (License #8130) <i>(Investigator Wheeler, Ronnie Cox, Ph.D.)</i></p> <p>Re: Richard H. Mushorn, MD</p> <p>Sharon Megdal, Ph.D. and Honorable Jordan were not present for discussion of the matter.</p> <p>Dr. Mushorn was present with counsel, Fred Cummings. Investigator Wheeler presented the matter to the Board. Ronnie Cox, Ph.D. led Board discussion.</p> <p>MOTION: Dr. Connell moved to dismiss the matter. Dr. Schwager seconded the motion. VOTE: Motion carried 9-0</p>

XI. RECOMMENDATION FOR ADVISORY LETTER

No.	Case No.	Inv #	Lic. #	RE	Investigator	Medical Consultant
1.	MD-99-0914	13406	17899	F.V. v LAWRENCE READER, MD	Ron Palmer	Richard Zonis, M.D.
2.	MD-99-0747	13232	19286	BOMEX v JACK SEAVY, MD	Mike Wheeler	William Kennell, M.D.
3.	MD-97-0855	11348	6275	K.D. v ROBERT TAMIS, MD & DAVID CHILD, MD Re: David Child, MD	Robin King	Outside Consultant
4.	MD-97-1038	11557	21061	J.S. v JOEL PARKER, MD	Brian DuFour	Outside Consultant
5.	MD-98-0036	11617	9718	B.W. v ELJAH RABIN, MD	Ron Hertzog	Roderic Huber, M.D.
6.	MD-98-0306	11904	12217 18135	W.H. v FRED MILLER, MD & PAULA OLEN-MIKRUT, MD	Robin King	Richard Zonis, M.D.
7.	MD-98-0727	12335	22985	J.S.T. v JANN SHIELDS, MD	Ron Hertzog	William Kennell, M.D.
8.	MD-98-0759	12369	25609	BOMEX v DAVID SIMMS, MD, WOLFGANG DAHNERT, MD, & BILAL MIAN, MD Re: Bilal Mian, MD	Ron Hertzog	Richard Zonis, M.D.
				<p>MOTION: Dr. Carmona moved to dismiss the case against Dr. Mian. Dr. Connell seconded the motion. VOTE: Motion carried 9-0</p>		
9.	MD-98-0816	12470	20584	J.O. v LORENZO BOYCE, MD	Robin King	Richard Zonis, M.D.
10.	MD-99-0062	12522	7924	BOMEX v DAVID DULANEY, MD	Mike Wheeler	Outside Consultant

No.	Case No.	Inv #	Lic. #	RE	Investigator	Medical Consultant
11.	MD-99-0163	12636	10366	N.K. v TERRY IRONS, MD	Charlie Norton	Outside Consultant
12.	MD-99-0270	12744	15874	O.C. v ROBERT ALLEN, MD	Ceryle Fleming	Rudolf Kirschner, M.D.
13.	MD-99-0424	12906	5563	BOMEX v AUGUSTO TORAYA, MD	Mike Wheeler	William Kennell, M.D.
14.	MD-99-0444	12926	12347	BOMEX v JAMES BENJAMIN, MD	Mike Wheeler	William Kennell, M.D.
15.	MD-99-0473	12956	15161	BOMEX v SHARON ISIKOFF, MD	Mike Wheeler	Roderic Huber, M.D.
16.	MD-99-0475	12958	14922	BOMEX v NATHAN LAUFER, MD	Mike Wheeler	Roderic Huber, M.D.
17.	MD-99-0476	12959	10504	BOMEX v FRED BURKHART, MD	Mike Wheeler	William Kennell, M.D.
18.	MD-99-0529	13012	10145	D.C. v ROBERT LEBER, MD MOTION: Sharon Megdal, Ph.D. moved to issue an Advisory Letter to include a recommendation to forgive the patient's bill. Seconded by Dr. Connell. VOTE: Motion carried 9-0	Barbara Kane	Roderic Huber, M.D.
19.	MD-99-0591	13075	12522	W.T. v KENNETH JACKSON, MD	Charlie Norton	Rudolf Kirschner, M.D.
20.	MD-99-0743	13228	11226	BOMEX v RAUL OSORIO, MD	Mike Wheeler	Richard Zonis, M.D.
21.	MD-00-0172	13605	23658	M.F. v SCOTT GLESMANN, MD	Ron Hertzog	Outside Consultant
22.	MD-99-0577	13061	8287	J.R. V ANDREW PRESTO, M.D.	Barbara Kane	Richard Zonis, M.D.
23.	MD-98-0440	12041	6520	BOMEX V JOSEPH COTNER III, M.D.	Ron Hertzog	Richard Zonis, M.D.

NOTE: #8, #18, were pulled from the Block Vote for further discussion.

MOTION: Sharon Megdal, Ph.D. moved to issue Advisory Letters on the Block Vote.

Seconded by Dr. Schwager

VOTE: Motion Carries 8-0

Dr Hunter recused himself from #14, 15.

The Board meeting adjourned at 7:55 PM

PHILIP E. KEEN, MD
CHAIRMAN

PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN

RAM R. KRISHNA, MD
SECRETARY



MARK R. SPEICHER
EXECUTIVE DIRECTOR
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DEPUTY DIRECTOR

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

April 10, 1997

David L. Child, M.D.
1010 E. McDowell Road, Suite LL6
Phoenix, Arizona 85006

Re: Complaint of J [REDACTED] E [REDACTED] (Patient: J.A.) against David L. Child, M.D. -
Inv. #10268

Dear Doctor Child:

Complaint Review Committee "A" of the Arizona Board of Medical Examiners considered the above-referenced matter during the course of the March 13, 1997 meeting.

Following a complete and detailed review of all pertinent and available information, the Board concluded in Open Session that this matter should be filed with an advisory Letter of Concern. According to Arizona Revised Statutes §32-1401(14), a Letter of Concern is an advisory letter that notifies you that, while there is insufficient evidence to support disciplinary action, the Board believes that you should modify or eliminate certain practices and that continuation of these activities may result in disciplinary action. A Letter of Concern is not a disciplinary action:

Specifically, the Board was concerned with your failure to promptly supply a copy of the patient's records.

On behalf of the Board of Medical Examiners, please accept my appreciation for your assistance and cooperation in this matter.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Handwritten signature of Mark R. Speicher in cursive.

Mark R. Speicher
Executive Director

MRS:cm

CD#16A

c: Janis T. Butler, Esq.

G.P. vs. Louis M. Miller, M.D. (PS -Yuma) Inv. #10299

CD#13A

The committee referred this complaint to the full Board for discussion and resolution due to a lack of a quorum.

J.A. M.D. vs. Kenneth B. Desser, M.D. (CD-IM - Phoenix) Inv. #10348

CD#14A

Following review and discussion of this complaint, it was moved by Dr. Guyette, seconded by Dr. Krishna, and unanimously carried that the committee table its discussion of this complaint for further review of the file.

B.W. vs. Terry J. Happel, M.D. (HS -Chandler) Inv. #10292

CD#15A

Following review and discussion of this complaint, it was moved by Dr. Guyette, seconded by Ms. Dooley, and unanimously carried that this complaint be filed with an advisory Letter of Concern to Dr. Terry J. Happel for not documenting the motor and sensory examination in a patient with a foreign body in the volar aspect of the wrist.

J.T.B. Esq. (Patient: J.A.) vs. David L. Child, M.D. (OBG-GO - Phoenix) Inv. #10268

CD#16A

Following review and discussion of this complaint, it was moved by Dr. Krishna, seconded by Dr. Guyette, and unanimously carried that this complaint be filed with an advisory Letter of Concern to Dr. David L. Child for failing to promptly supply a copy of the patient's records.

American Cataract Society vs. Samuel L. Pallin, M.D. (OPH-Sun City) Inv. #10034

CD#17A

Following review and discussion of this complaint, it was moved by Dr. Krishna, seconded by Dr. Guyette, and unanimously carried that this complaint be referred to the full Board with the recommendation that the doctor be invited to appear for an Informal Interview and that legal counsel prepare draft Findings of Fact and Conclusions of Law.

Scottsdale Memorial Hospital - North vs. Farid Gharagozloo, M.D., Inv. #7827

CD#18A

Following review and discussion of this complaint, it was moved by Dr. Krishna, seconded by Ms. Dooley, and unanimously carried that this complaint be referred to the full Board with the recommendation that Dr. Gharagozloo be invited to appear for an Informal Interview.

It was moved by Dr. Krishna, seconded by Ms. Dooley, and unanimously carried that this complaint be referred to the full Board with the recommendation that the physician assistant be referred to the Joint Board on the Regulation of Physician Assistants.

R.H.L. vs. Raul Jua Teddi, M.D. (U - Phoenix) Inv. #10317

CD#11A

It was moved by Dr. Guyette, seconded by Dr. Krishna, and unanimously carried that this complaint be removed from the table.

It was moved by Dr. Krishna, seconded by Ms. Dooley, and unanimously carried that this complaint be referred to the full Board with the recommendation that the investigation continue and that the complaint be sent to an outside urologic consultant for review.

Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Bernadette E. Phelan, Ph.D.
Assistant Director



Arizona Medical Board

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Tim B. Hunter, M.D.
Chair

William R. Martin, III, M.D.
Vice-Chair

Douglas D. Lee, M.D.
Secretary

September 6, 2005

David L. Child, M.D.
1010 E McDowell Rd Ste LL6
Phoenix AZ 85006-2618

RE: C.W. v David L. Child, M.D.
Case # MD-04-0853A

Dear Dr. Child:

The purpose of this letter is to inform you that during the course of the August 10, 2005 public meeting, the Arizona Medical Board (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue an Advisory Letter for failure to provide informed consent pertaining to anal laser therapy and for failure to inform the patient during post-operative discussion that the anal laser therapy was performed. This is a minor or technical violation.

An advisory letter is a non-disciplinary action, and is not subject to review by either the Board or the Courts. See *Murphy v. Board of Medical Examiners of the State of Arizona*, 190 Ariz. 441, 949 P.2d 530 (App. 1997). However, you may file a written response to the letter with the Board within thirty days after its receipt A.R.S. § 32-1451(E)(2). If timely received, the response will be attached to the advisory letter and maintained in your permanent file. The written response will also be hyperlinked to your profile on the Board's website.

Sincerely,

A handwritten signature in cursive script that reads "Erica Bouton".

Erica Bouton
Board Coordinator
E-Mail: boardcoordinator@azmdboard.org
Phone: (480) 551-2820
Fax: (480) 551-2705

cc: Investigation File
Permanent File # 6275

Lorraine Mackstaller, M.D. stated that Dr. Hanks has taken some of her patients, but she does not know him personally and it would not influence her ability to adjudicate this case.

This case was pulled for discussion. Robert P. Goldfarb, M.D. stated that Steven E. Hanks is a spinal orthopedic surgeon who recommended surgery to a patient for severe lumbar spinal stenosis when that diagnosis was not present. This indicates Dr. Hanks either misread the MRI scan or there is some type of pattern here because Dr. Hanks is an orthopedic surgeon and the patient really had a hip problem. It is not unusual for someone to present with spinal stenosis when the patient has degenerative hip disease. The neurosurgeon made the diagnosis of hip disease. Dr. Goldfarb was not concerned that he missed the diagnosis, but was concerned that he was willing to operate on this patient for spinal stenosis without looking at the films.

There were discussions on whether the doctor read the wrong patient's x-ray. It was determined after the discussions that there was no evidence to prove that he read the wrong MRI. Ms. Cassetta stated the records reflect the patient, in correspondence to the Board stated, "She couldn't believe he was reading her MRI," Ms. Cassetta noted perhaps SIRC misinterpreted that statement as an allegation rather than the patient stating her disbelief when told the diagnosis.

Dr. Krishna stated that sometimes patients say they have a hip problem when it is actually sciatic pain. He may have looked at the x-ray and felt that it was from the sciatic nerve.

Dr. Goldfarb asked if this should be an advisory letter or he should be invited for a formal interview. Ms. Cassetta stated there is potential harm to consider.

MOTION: Robert P. Goldfarb, M.D. moved to issue an advisory letter for diagnosing severe spinal stenosis and recommending surgery without supporting clinical and radiological data. While there is insufficient evidence to support disciplinary action, the Board believes that continuation of the activities that led to the investigation may result in further Board action against the licensee.

SECONDED: Patrick K. Connell, M.D.

VOTE: 11-yay, 0-nay, 1-abstain/recuse, 0-absent

MOTION PASSED

7.	MD-04-0853A	C.W.	DAVID L. CHILD, M.D.	6275	Issue Advisory Letter for failure to provide informed consent pertaining to anal laser therapy and for failure to inform the patient during post-operative discussion that the anal laser therapy was performed. This violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
8.	MD-04-0969A	AMB	NEWTON A.F. SAMPAIO, M.D.	10975	Issue Advisory Letter for failure to obtain an independent review of a pigmented lesion, specifically, independently reviewing both specimens side-by-side. The violation is a minor or technical violation that is not of sufficient merit to warrant disciplinary action.
9.	MD-03-0450A	AMB	RANDI GERMAINE, M.D.	21309	Continue the investigation.
14.	MD-05-0158A	R.S.	MARTIN LEHMAN, M.D.	18680	Continue the investigation.

Mark Nanney, M.D. presented a brief overview of these two cases. Randy Germaine, M.D. and Martin Lehman, M.D. prescribed drugs for their spouses and did not try to conceal this. They both felt that this was harmless. They didn't write excessive quantities and did not try to divert drugs. They had both listed appropriate indications for the drugs. They simply made a mistake.

Becky Jordan was concerned about consistency. It seems as though in the past the Board has normally reprimanded physicians who commit these types of violations with an action stronger than an advisory letter. The Board members provided a number of examples of past cases similar to this one in which they issued either an advisory letter or a Letter of Reprimand depending on aggravating or mitigating circumstances and whether or not there was drug diversion. The Board agreed that ignorance of the law was not an excuse.

Tim B. Hunter, M.D. said in the past the Board has been stricter than this. The Board wants to get the message out that this is something you cannot do. A lot of physicians do not realize it and it is still a problem. Dr. Hunter would like to continue these investigations and research the Board's past decisions and maintain consistency. Ms. Cassetta noted her recollection that prior cases where the Board took disciplinary action in cases where physicians prescribed to their spouses' involved diversion of the prescribed medications by the physician. Ms. Cassetta agreed to research past Board actions in cases similar to this one and bring this information back to the Board.

MOTION: William R. Martin, III, M.D. moved to continue the investigations for both cases #9 and #14.

SECONDED: Sharon B. Megdal, Ph.D.

VOTE: 12-yay, 0-nay, 0-abstain/recuse, 0-absent

MOTION PASSED

10.	MD-04-1520A	AMB	DONALD R. SCHIEVE, M.D.	18602	Issue Advisory Letter for failure to record an intraocular pressure. The violation is a minor violation that is not of sufficient merit to warrant discipline.
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