

CR 51994
150

ARIZONA MEDICAL BOARD

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

RECEIVED

JUN 20 2014

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

AZ MEDICAL BOARD

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: _____

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: Samuel Auerbach Date: 6/1/14

ENTERED

RENEWAL APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

INSTRUCTIONS

Save time - renew on-line at www.deadiversion.usdoj.gov

1. To renew by mail complete this application. Keep a copy for your records.
2. Mail this form to the address provided in Section 6 or use enclosed envelope.
3. The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
4. If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ON-LINE.

REGISTRATION INFORMATION: C
 DEA # [REDACTED]
 REGISTRATION EXPIRES 06/30/2014
 FEE FOR THREE (3) YEARS IS \$731.00
 FEE IS NON-REFUNDABLE

MAIL-TO ADDRESS Please print mailing address changes to the right of the address in this box.

AUERBACH, SAMUEL MD
 1615 EAST OSBORN ROAD
 PHOENIX, AZ 85016-7172-000



SECTION 1 UPDATE REGISTRATION INFORMATION - Please fill in missing information and make corrections if needed to any data we have on record for your registration.

Name 1 : AUERBACH, SAMUEL MD

[Grid for Name 1]

Name 2 :

[Grid for Name 2]

PLACE OF BUSINESS Street Address Line 1 : 1615 EAST OSBORN ROAD

[Grid for Street Address Line 1]

PLACE OF BUSINESS Address Line 2 :

[Grid for Address Line 2]

City PHOENIX

AZ 85016-7172

[Grid for City, State, Zip]

Business Phone Number : (602)462-5559

[Grid for Business Phone Number]

Business Fax Number : (602)667-6608

[Grid for Business Fax Number]

Point of Contact :

EMAIL Address :

DEBT COLLECTION INFORMATION

Social Security Number (if registration is for individual)

Tax Identification Number (if registration is for business)

Mandatory pursuant to Debt Collection Improvements Act

[Grid for Social Security Number]

Provide SSN or TIN. See additional information note #3 on page 4.

[Grid for Tax Identification Number]

FOR Practitioner or MLP ONLY:

Professional Degree : MD
select from list only

[Grid for Professional Degree]

Professional School :

Year of Graduation : 1980

[Grid for Year of Graduation]

National Provider Identification: 1548329972

[Grid for National Provider Identification]

Date of Birth (MM-DD-YYYY):
DOB on record

[Grid for Date of Birth]

SECTION 2

DRUG SCHEDULES

Check this box if you wish to register for the same schedule(s):

Check this box if you require official order forms:

NO CHANGE 2, 2N, 3, 3N, 4, 5,

For purchase of schedule 2 controlled substances

-OR-

CHANGE

If you want to make a change, check all the schedules that you are requesting for this registration:

Schedule 2 Narcotic

Schedule 3 Narcotic

Schedule 4

Schedule 2 Non-Narcotic (2N)

Schedule 3 Non-Narcotic (3N)

Schedule 5

SECTION 3

STATE LICENSE

You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

MANDATORY

29924

State License Number

[Grid for State License Number]

What state issued this license?

AZ

Expiration Date

MM - DD - YYYY

SECTION 4

LIABILITY

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

IMPORTANT

All questions in this section must be answered.

2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.

EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to any of the four questions above must provide a statement to explain each "YES" answer.

Use this space or attach a separate sheet and return with application

Liability question # _____ Location(s) of incident: _____

Nature of incident:

Result of incident:

SECTION 5 EXEMPTION FROM APPLICATION FEE

Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to contractor-operated institutions.

Business or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution in Section 1.

[Grid for Business or Facility Name]

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution, and is exempt from payment of the application fee.

FEE EXEMPT CERTIFIER

Signature of certifying official (other than applicant)

Date

Provide the name and phone number of the certifying official

Print or type name and title of certifying official

Telephone No. (required for verification)

SECTION 6

METHOD OF PAYMENT

Check one form of payment only

Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.

American Express Discover Master Card Visa

Credit Card Number [Grid]

Expiration Date [Grid]

Mail this form with payment to:

DEA Headquarters
ATTN: Registration Section/ODR
P.O. Box 2639
Springfield, VA 22152-2639

FEE IS NON-REFUNDABLE

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

SECTION 7

APPLICANT'S SIGNATURE

Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant (sign in ink)

Date

Print or type name and title of applicant

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

AUERBACH, SAMUEL MD
 1615 EAST OSBORN ROAD
 PHOENIX, AZ 85016-7172-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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51444

RECEIVED

MAY 20 2013

AZ MEDICAL BOARD

ARIZONA MEDICAL BOARD

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

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: GYN

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

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- Blank form attached to add additional locations

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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: _____

Samuel Louis Auerbach

Date: _____

5/9/13

ENTERED

AUERBACH, SAMUEL MD
1615 EAST OSBORN ROAD
PHOENIX, AZ 85016-7172-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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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]	06-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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Form DEA-223 (4/07)

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

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			

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Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

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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			



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258 -55 14
Telephone: 480 -551-2700 • Toll Free: 877 -255-2212 • Fax: 480 -551-2704
Website: www.azmd.gov

May 07, 2013

Samuel Louis Auerbach, MD
1615 East Osborn Road
Phoenix, AZ 85016

License # 29924

RE: RENEWAL OF DISPENSING PHYSICIAN REGISTRATION FOR FISCAL YEAR 2013 - 2014

Enclosed please find an application for renewal of your Dispensing Physician Registration(s) for FY 2013 - 2014 . **Your current registration(s) will expire on 06/30/2013.**

Please complete the enclosed application in its entirety and return with your **\$150** renewal payment and DEA certificate(s) as appropriate, postmarked on or before June 30th to ensure timely issuance of your dispensing certificate(s) for the new fiscal year. Please note that one \$150 renewal fee covers all dispensing locations for the year. Please make your check, cashier's check or money order payable to **ARIZONA MEDICAL BOARD** or if paying by Visa, MasterCard or American Express (use credit card authorization form attached) and mail or fax with renewal documents. Please note that we cannot accept post-dated checks.

Mail your application and fee to:
Arizona Medical Board
9545 E. Doubletree Ranch Rd.,
Scottsdale, AZ 85258-5514

If the completed annual renewal form, all required documentation and the correct fee are not received at the Board's office postmarked on or before June 30, 2013, the physician "shall not dispense drugs and devices until newly registered". This would require completion of an "initial" registration at a fee of \$200. R4-16-301(C)

If you have questions, please contact the board by phone at (480) 551-2700.

Sincerely,

The Arizona Medical Board
www.azmd.gov

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MAY 14 2012

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 **

OK# 50923

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: BYN

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:

Samuel Louis Auerbach
ns

Date:

5/11/12
(F)

AUERBACH, SAMUEL MD
1615 EAST OSBORN ROAD
PHOENIX, AZ 85016-7172-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2014	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	05-26-2011
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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ARIZONA MEDICAL BOARD

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

OK 50339
\$150-

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

RECEIVED
MAY 16 2011
AZ MEDICAL BOARD

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: GYN/OB

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

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- Blank form attached to add additional locations

PLEASE NOTE

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/ 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: _____

Samuel Louis Auerbach

Date: _____

5-12-11

Acacia Women's Center

Complete Gynecological Care

1615 East Osborn Road
Phoenix, Arizona 85016
Phone: (602) 462-5559
Fax: (602) 667-6608 www.abortionclinicsarizona.com



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-03-2008
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-03-2008
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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OK 2407 #10

RECEIVED

MAY 10 2010

ARIZONA MEDICAL BOARD

9645 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 561-2761 . Fax (480) 551-2704
Home Page: <http://www.azmd.gov>

AZ MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: GYNECOLOGY + BREAST MEDICINE

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

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- Blank form attached to add additional locations



✓ 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: Samuel Louis Auerbach

Date: 5-10-2010

AUERBACH, SAMUEL MD
1615 EAST OSBORN ROAD
PHOENIX, AZ 85016-7172-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	06-30-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-03-2008
AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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

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AUERBACH, SAMUEL MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-7172		

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Form DEA-223 (4/07)

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2701
Home Page: <http://www.azmd.gov>

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

RECEIVED

JUL 16 2009

AZ MEDICAL BOARD

OK 12931
\$150
WRONG
AMOUNT
postmarked
July 15

PHYSICIAN NAME: Samuel Louis Auerbach, MD

MD LICENSE #: 29924

SPECIALTY: _____

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

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total
amount
\$200

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PHOENIX, AZ 85016

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- 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: _____

Samuel Auerbach

Date: _____

5/23/09

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 ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: SAMUEL LOUIS AUERBACH, MD

LICENSE #: 29929

Renewal Registration FEE (\$150) If received by June 30, 2008

RECEIVED MAY 23 2008

OK 12/6/09

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

Place a check mark next to description below of all items which will be dispensed from all locations. (Certificate will be issued only for items that are checked)

Table with 5 columns: Schedule II Drugs, Schedule III Drugs, Prescription-Only Drugs, Nubain, Schedule IV Drugs, Schedule V Drugs, Prescription Devices. All items have checkmarks.

Your certificate will be issued for Prescription-Only Drugs and Devices if a DEA registration is not submitted for each location.

PRIMARY PRACTICE LOCATION:

1615 EAST OSBORN ROAD PHOENIX, AZ 85016 602-462-5559

DEA # for this location (Attach Copy of DEA) [Redacted] Issued Date 6-21-05 Expiration Date 6-30-08

ADDITIONAL PRACTICE LOCATION:

Street Address City, State, Zip Code Phone #
DEA # for this location (Attach Copy of DEA) Issued Date Expiration Date

Physician's Signature: Samuel Louis Auerbach Date: 5/16/08

Renewal registration fee: \$150.00 per physician

ENTERED 6/5/08 5/27/08

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