

OK 167683  
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JUN 01 2015  
ARIZONA  
MEDICAL BOARD

# ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707  
Home Page: <http://www.azmd.gov>

OK 167684  
RECEIVED  
MAY 18 2015  
ARIZONA  
MEDICAL BOARD

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Dr. Memie Burton

LICENSE #: 30399

SPECIALTY: Obstetrics & Gynecology

CHECK ONE:  Initial Registration (\$200)

Renewal Registration (\$150)

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

|                                   |   |                    |   |                                 |  |            |  |
|-----------------------------------|---|--------------------|---|---------------------------------|--|------------|--|
| <b>PRIMARY PRACTICE LOCATION:</b> |   |                    |   | <b>DEA # FOR THIS LOCATION:</b> |  |            |  |
| Street Address                    |   |                    |   | City/State/Zip Code             |  |            |  |
| 5771 W. Eugie                     |   |                    |   | Glendale, AZ 85304              |  |            |  |
| Phone Number                      |   |                    |   | Fax Number                      |  | E Mail     |  |
| 623-934-7006                      |   |                    |   | 623-937-3014                    |  | [REDACTED] |  |
| Schedule II Drugs                 | X | Schedule III Drugs | X | Prescription-Only Drugs         |  | Nubain     |  |
| Schedule IV Drugs                 | X | Schedule V Drugs   | X | Prescription Devices            |  |            |  |

|                                      |  |                    |  |                                 |  |        |  |
|--------------------------------------|--|--------------------|--|---------------------------------|--|--------|--|
| <b>ADDITIONAL PRACTICE LOCATION:</b> |  |                    |  | <b>DEA # FOR THIS LOCATION:</b> |  |        |  |
| 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            |  |        |  |

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

Physician's Signature: Memie Burton Date: 05/13/15

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

ENTERED

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Home Page: <http://www.azmd.gov>

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Dr. Memie Burton

LICENSE #: 30399 SPECIALTY: Obstetrics & 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.
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**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

|                                   |                                     |                    |                                     |  |        |
|-----------------------------------|-------------------------------------|--------------------|-------------------------------------|--|--------|
| <b>PRIMARY PRACTICE LOCATION:</b> |                                     |                    |                                     | <b>DEA # FOR THIS LOCATION:</b> [REDACTED] |        |
| Street Address                    |                                     |                    |                                     | City/State/Zip Code                        |        |
| 5771 W. Eugie                     |                                     |                    |                                     | Glendale, AZ 85304                         |        |
| Phone Number                      |                                     |                    |                                     | Fax Number                                 |        |
| 623-934-7006                      |                                     |                    |                                     | 623-937-3014                               |        |
| E Mail                            |                                     |                    |                                     | [REDACTED]                                 |        |
| Schedule II Drugs                 | <input checked="" type="checkbox"/> | Schedule III Drugs | <input type="checkbox"/>            | Prescription-Only Drugs                    | Nubain |
| Schedule IV Drugs                 | <input checked="" type="checkbox"/> | Schedule V Drugs   | <input checked="" type="checkbox"/> | Prescription Devices                       |        |

|                                      |                          |                    |                          |                                 |        |
|--------------------------------------|--------------------------|--------------------|--------------------------|---------------------------------|--------|
| <b>ADDITIONAL PRACTICE LOCATION:</b> |                          |                    |                          | <b>DEA # FOR THIS LOCATION:</b> |        |
| Street Address                       |                          |                    |                          | City/State/Zip Code             |        |
|                                      |                          |                    |                          |                                 |        |
| Phone Number                         |                          |                    |                          | Fax Number                      |        |
|                                      |                          |                    |                          |                                 |        |
| E Mail                               |                          |                    |                          |                                 |        |
| Schedule II Drugs                    | <input type="checkbox"/> | Schedule III Drugs | <input type="checkbox"/> | Prescription-Only Drugs         | Nubain |
| Schedule IV Drugs                    | <input type="checkbox"/> | Schedule V Drugs   | <input type="checkbox"/> | Prescription Devices            |        |

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

Physician's Signature: *Memie Burton* Date: 05/13/15

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**

BURTON, MEMIE C MD



|  |                           |            |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER  | THIS REGISTRATION EXPIRES | FEE PAID   |
| [REDACTED]   | 07-31-2015                | \$731      |
| SCHEDULES  | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3N,4,5,   | PRACTITIONER              | 12-05-2012 |
| BURTON, MEMIE C MD<br>5771 W. EUGIE<br>GLENDALE, AZ 85304-0000 |                           |            |

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]              | 07-31-2015                | \$731      |
| SCHEDULES               | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3N,4,5,        | PRACTITIONER              | 12-05-2012 |

BURTON, MEMIE C MD  
5771 W. EUGIE  
GLENDALE, AZ 85304-0000

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**Arizona Medical Board**

9545 E. Doubletree Ranch Road, Scottsdale AZ 85258 • website: [www.azmd.gov](http://www.azmd.gov)  
Phone (480) 551-2700 • Toll Free (877) 255-2212 • Fax (480) 551-2707

DATE: 5/18/15

We are returning the documentation/payment we received due to the following outstanding items. Please return this documentation, along with the following item(s) so that we may process your request.

- Payment: \_\_\_\_\_
- Application form - See new form @ [azmd.gov](http://azmd.gov), Physician Center)
- Renewal form - Must be included with payment or completed on-line at [azmd.gov](http://azmd.gov) (MDs) or [azpa.gov](http://azpa.gov) (PAs).
- Photo of passport quality - (Must have been taken within 60 days of application)
- Completion of page(s): \_\_\_\_\_
- Signature on page(s): \_\_\_\_\_
- Notarization of application.
- Fingerprinting: Since your license/renewal was active prior to September 2, 2014, a fingerprint card is not needed at this time and is being returned to you along with your payment of \$50.

X Other: RETURNING CK # 167614. MD DISPENSING LICENSE HAS EXPIRED IN 2014. PLEASE RESUBMIT INITIAL APPLICATION WITH \$200.00

Regards,  
Arizona Medical Board & Arizona Regulatory Board of Physician Assistants

THANK YOU

BURTON, MEMIE C MD



|  |                           |            |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER  | THIS REGISTRATION EXPIRES | FEE PAID   |
| [REDACTED]   | 07-31-2015                | \$731      |
| SCHEDULES  | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5,   | PRACTITIONER              | 12-05-2012 |
| BURTON, MEMIE C MD<br>5771 W. EUGIE<br>GLENDALE, AZ 85304-0000 |                           |            |

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 UNITED STATES DEPARTMENT OF JUSTICE  
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 WASHINGTON D.C. 20537

|  |                           |            |
|--|---------------------------|------------|
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| [REDACTED]   | 07-31-2015                | \$731      |
| SCHEDULES  | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5,   | PRACTITIONER              | 12-05-2012 |
| BURTON, MEMIE C MD<br>5771 W. EUGIE<br>GLENDALE, AZ 85304-0000 |                           |            |

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|  |                           |            |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER  | THIS REGISTRATION EXPIRES | FEE PAID   |
| [REDACTED]   | 07-31-2015                | \$731      |
| SCHEDULES  | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5.   | PRACTITIONER              | 12-05-2012 |
| BURTON, MEMIE C MD<br>5771 W. EUGIE<br>GLENDALE, AZ 85304-0000 |                           |            |

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

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Form DEA-223/511 (4/07)

**REPORT  
CHANGES  
PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR  
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at [deadiversion.usdoj.gov](http://deadiversion.usdoj.gov) - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

Drug Enforcement Administration  
P.O. Box 28083  
Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

OK 1188

# 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: Memie Clifton Burton, MD

MD LICENSE #: 30399

SPECIALTY: OB/GYN

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JUN 05 2013  
AZ MEDICAL BOARD

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

5771 W Eugie  
Glendale, AZ 85304

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

Dispensing location information correct     Copy of DEA attached     Remove this location

Physician's Signature: Memie Clifton Burton Date: 6/3/2013

 ENTERED

|  |                           |            |
|--|---------------------------|------------|
| DEA REGISTRATION NUMBER  | THIS REGISTRATION EXPIRES | FEE PAID   |
| [REDACTED]   | 07-31-2015                | \$731      |
| SCHEDULES  | BUSINESS ACTIVITY         | ISSUE DATE |
| 2,2N,<br>3,3N,4,5  | PRACTITIONER              | 12-05-2012 |
| BURTON, MEMIE C MD<br>5771 W. EUGIE<br>GLENDALE, AZ 85304-0000 |                           |            |

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

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2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:  
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 P.O. Box 28683  
 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----



Handwritten initials and date: 200-18

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

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

PHYSICIAN NAME: Memie C. Burton

LICENSE #: 30399

SPECIALTY: Obstetrics & Gynecology

RECEIVED MAR 18 2013 AZ MEDICAL BOARD

CHECK ONE: [x] 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:

Table with 4 columns: Street Address (5771 W. Eugie), City/State/Zip Code (Glendale, AZ 85304), Phone Number (602-263-4210), Fax Number (602-604-0159), 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:

Table with 4 columns: 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.

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

[ ]

Physician's Signature: [Handwritten Signature] Date: 2/21/13

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

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