ARIZONA MEDICAL BOARD 9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-270 Home Page: http://www.azmd.gov

ARIZONARD

A ** Please Type or Print ** TEDICAL BOA PHYSICIAN NAME: Dr. Melvin Frisch LICENSE #: 41367 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. 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 DRIMARY DRACTICE LOCATION. DEA # EOD THIS LOCATION

2255 N. Wyatt Dr. Phone Number 520-624-1766			City/State/Zip Code Tucson, AZ 85712		
			Schedule II Drugs	X	Schedule III Drugs
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices	

DEA # FOR THIS LOCATION: ADDITIONAL PRACTICE LOCATION: Street Address City/State/Zip Code Tempe, AZ 85281 1250 E. Apache #108 Phone Number Fax Number E Mail 480-966-4728 480-921-8712 X X Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Nubain X X 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:

X

Physician's Signature;

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



		Address			tate/Zip Code
5771 W Eugie	Dh a a a	- Name to an		Glendale, AZ 85304	
Phone Number 623-934-7006			Fax Number 623-937-3014	E-Mail	
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs	Nubain
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices	
ADDITIONAL PRACT		LOCATION:		DEA # FOR THIS LOCATI	ON: tate/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	
					<u>.</u> .
ADDITIONAL PRACT	ICEL	OCATION:		DEA # FOR THIS LOCATI	ON:
		Address			tate/Zip Code
	Phone	Number	- <u> </u>	Fax Number	E Mail
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	Nubain
Schedule IV Drugs		Schedule V Drugs		Prescription Devices	
					
ADDITIONAL PRACT	ICFI	OCATION:		DEA # FOR THIS LOCATI	ON·
		Address			tate/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	
<u> </u>	•				
ADDITIONAL PRACT	ICEL	OCATION:		DEA # FOR THIS LOCATI	ON:
		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	
	<u></u>			ooo.ipitoti beates	
ADDITIONAL PRACT	ICE	OCATION:		DEA # FOR THIS LOCATI	ON·
		Address			tate/Zip Code
med advances and the second se	Phone	Number		Fax Number	E Mail
Schedule II Drugs		Schedule III Drugs	T	Prescription-Only Drugs	Nubain
	+		-		HUNGHI

Prescription Devices

Schedule IV Drugs

Schedule V Drugs

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 **

			CASC	Type or triut		
PHYSICIAN NAME: Dr. Melvin Frisch						
11007				PECIALTY: 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. Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.						
		PI	EA	SE 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				DEA # FOR THIS LOCATION	N.	
2255 N. Wyatt Dr.	Street	Address		City/State/Zip Code Tucson, AZ 85712		
520-624-1766	Phone	Number		Fax Number 520-628-3069	E Mail	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices		
ADDITIONAL PRACT				DEA # FOR THIS LOCATION	Ų;	
250 E. Apache #108		Address		City/Stat Tempe, AZ 85281	e/Zip Code	
80-966-4728	Phone	Number		Fax Number 480-921-8712	E Mail	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	
Schedule IV Drugs	X	Schedule V Drugs	Χ	Prescription Devices		
****** List any additional locations on the 2 nd page of this form and place a check mark here:						
Physician's Signature: Melan Fred Roll 5/8/15						

Make checks or money orders payable to ARIZONA MEDICAL BOARD

Renewal registration fee: \$150.00 per physician

Initial registration fee: \$200.00 per physician

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

ADDITIONAL PRACTICE LOCATION: Street Address				DEA # FOR THIS LOCATION:			
57 <mark>71</mark> W Eugie	Street	Address		City/State/Zip Code Glendale, AZ 85304			
Phone Number 623-934-7006			Fax Number 623-937-3014	T,	E Mail		
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs		Nubain	Ī
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices			
ADDITIONAL PRAC		LOCATION:		DEA # FOR THIS LOCA			
				City	Stateiz	lp Code	
	Phone	Number		Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	N	Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			
ADDITIONAL DRAC	TIOT	OG ATION					
ADDITIONAL PRAC	Street	Address		DEA # FOR THIS LOCA City/		p Code	
	Phone	Number		Fax Number		E Mail	
	1						
Schedule II Drugs	+	Schedule III Drugs		Prescription-Only Drugs	N	lubain	
Schedule IV Drugs	لــــــــــــــــــــــــــــــــــــــ	Schedule V Drugs		Prescription Devices			
ADDITIONAL PRACT		OCATION:		DEA # FOR THIS LOCAT	rion: State/Zi	n Codo	
	Dhava	Number			State/21	- 00-00-00-00-00-0	
	rnone	Number		Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	N	ubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			
ADDITIONAL PRACT		OCATION:		DEA # FOR THIS LOCAT			
				City/s	State/Zip	Code	
	Phone I	Vumber		Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	Nı	ıbain	T
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			
ADDITIONAL PRACT	ICE LO	CATION:		DEA#FOR THIS LOCAT	ION:		
	Street A	ddress			tate/Zip	Code	
F	hone h	lumber		Fax Number	<u> </u>	E Mail	
Schedule II Drugs		Schedule III Drugs	T	Prescription-Only Drugs	Nu	bain	T
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			JJ

Prescription Devices

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE. PAID
	09-30-2015	\$73 1
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER'	12-06-2012
FRISCH, MELVI 2255 N. WYATT TUCSON, AZ 8	DR.	
1		

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

Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distributa, 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	PAID
	09-30-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	12-06-2012

FRISCH, MELVIN J MD 2255 N. WYATT DR. TUCSON, AZ 85712-0000

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orm DFA-274 (4m7)

Haladdhaadhdalladhadhalladhalladhalladh

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	09-20-2013
FRISCH, MELV 1250 E. APACH		

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

UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	09-20-2013

FRISCH, MELVIN J MD 1250 E. APACHE #108 TEMPE, AZ 85281-0000

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DEA REGISTRATION	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N,4.5.	PRACTITIONER	09-20-2013
FRISCH, MEL 1250 E. APAC TEMPE, AZ 85	HE #108	٠

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

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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 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:

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-24-2013
FRISCH, MELV 5771 WEST EU GLENDALE AZ		

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 DRIEG ENERGY ADMINISTRATION

FEE

DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

NUMBER	EXPIRES	PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-24-2013

THIS REGISTRATION

FRISCH, MELVIN J MD 5771 WEST EUGIE GLENDALE AZ, AZ 85304-0000

DEA REGISTRATION

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Form DEA-223 (4/07)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	09-30-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4.5.	PRACTITIONER	10-24-2013
FRISCH, MELV 5771 WEST EL GLENDALE AZ		

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

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REPORT	
CHANGES	
PROMPTLY	
	CHANGES

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



Arizona Medical Board

9545 E. Doubletree Ranch Road, Scottsdale AZ 85258 • website: 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 <u>return</u> this documentation, along with the following item(s) so that we may process your request.

	Payment:
	Application form - See new form @ AZMD.GOV, Physician Center)
	Renewal form - Must be included with payment or completed on-line at azmd.gov (MDs) or 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
16	not needed at this time and is being returned to you along with your payment of \$50. Other: BETURNING CK# 16765, MN DISPENSIVE HOENSE HAS
egai rizor	EXPIRED IN 2013. PLEASE RESUBMIT INITIAL rds, APPLICATION WITH THE 200,000 ha Medical Board & Arizona Regulatory Board of Physician Assistants
	THANK YOU

ARIZONA MEDICAL BOARD

6022775243

9545 E. Doubletree Ranch Road. Scottsdale, Arlzona 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:_	Melvi	Julius Frisch				BEOLI
LICENSE #: 41367				PECIALTY: Obstetrics & Gy		11/1/11) 7/ -
CHECK ONE: √ Initial Registration (\$200)				Renewal Registra	ation	(\$150)4Z MEDICAL BO
☐ For each location, p☐ Include a copy of yo	lace a our DE	check mark next to the descr A license if you are requesting	riptior g disp	s of the prescription items which pensing of controlled substance	ch wil es at a	l be dispensed from that location. any location.
		P	LEA	SE NOTE		
A separate DEA lic	ense i	must be submitted for EAC be kept curren	H loc	cation where controlled subsing the registration period	tance	es will be dispensed and must
PRIMARY PRACTICE	LOC	ATION:		DEA# FOR THIS LOCAT	ION	:
	Street	Address		City/s	State	/Zip Code AZ 85712
2255 N.Wyatt Drive Phone Nümber 602-263-4210		Fax Number 602-604-0159		F Mail		
Schedule II Drugs		Schedule III Drugs	Х	Prescription-Only Drugs	X	Nubain
Schedule IV Drugs	х	Schedule V Drugs	X	Prescription Devices	X	
ADDITIONAL PRACT	ICE L	OCATION:		DEA# FOR THIS LOCAT	ION:	
	Street	Address		City/s	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 add	lition	al locations on the 2 nd pa	ige o	f this form and place a che	eck n	nark here:
Physician's Signatur			7	- Trisak		2/18/13
Initial registration	n fee	: \$200.00 per physicia	n	Renewal registration	1 fee	: \$150,00 per physician

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID			
	09-30-2015	\$731			
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE			
2,2N, 3,3N,4,5,	PRACTITIONER	12-06-2012			
2255 N. WYATT	FRISCH, MELVIN J MD 2255 N. WYATT DR. TUCSON, AZ 85712-0000				
<u></u>	""Foreemen"				

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

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	09-30-2015	\$731		

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3,3N,4,5,	PRACTITIONER	12-06-2012	

FRISCH, MELVIN J MD 2255 N. WYATT DR. TUCSON, AZ 85712-0000

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	09-30-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	12-06-2012
FRISCH, MEL\ 2255 N. WYAT TUCSON, AZ 8		
_	Foresman's	

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

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