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ARIZONA MEDICAL BOARD

8646 E. Doubletree Ranch Road . Scottadale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 681-2704

Website: www.azmd.gov DISPENSING PHYSICIAN ANNUAL RENEWAL FORM -** Please Type or Print ** PHYSICIAN NAME: Pamela Susan Lotke, MD **MD LICENSE #: 30503** SPECIAL 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 10 10 100 2255 N. Wyatt Dr. Tucson, AZ 85712 Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs **Prescription Devices** Dispensing location information correct Physician's Signature: Date:

ENTERET

LOTKE, PAMELA S MD PLANNED PARENTHOOD OF SO. AZ 2255 N. WYATT TUCSON, AZ 85712-0000-000

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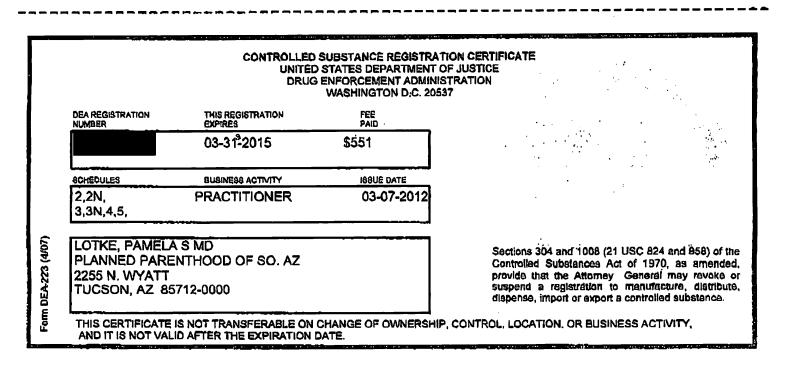
DEA REGISTRATION	THIS REGISTRATION EXPIRES	FEE PAID
i i	03-31-2015	\$551
SCHEDULES	AUSINESS ACTIVITY	ISSUE DATE
2.2N, 3,3N,4,5,	PRACTITIONER	03-07-2012
LOTKE, PAMED PLANNED PARE 2255 N. WYATT TUCSON, AZ 6	INTHOOD OF SO. A	Ž
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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE LINITED 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 Attornay General may revoke or suspend a registration to manufacture, distribute, dispense, import of 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.





Arizona Medical Board 9545 Eest Doubletree Rench Roed - Scotadale, Arizona 8.5258 -5514 Telephone: 480 -551-2700 - Toll Free: 877 -255-2212 - Fax: 480 -551-2704 Websib: www.aznd.gov

License # 30503

May 07, 2013

Pamela Susan Lotke, MD UMC Dept. of Obstetrics & Gynecology P O Box 245078 1501 N Campbell Tucson, AZ 85724-5078

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., Scottsdate, 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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The University of Arizona Medical Center

Department of Obstetrics and Gynecology

From:	Name:	Sherrell Turner / Pamela S. Lotke, MD
	Fax Number:	(520) 626-1519
	Voice Phone:	(520 626 - 6591
	Date:	5/10/13
	# of pages	6

To:	Name:	Name:		
	Company: Fax Number:	Arizona Medical Board 480-551-2704		
	Voice Phone:	480-551-2700		

Fax Notes:

Pamela S. Lotke, MD – Payment for Renewal of Dispensing Physician Registration for Fiscal Year 2013 - 2014

Confidentiality Notice: This message and any included attachments are from University Medical Center, OBGYN department and are intended only for the addressee. The information contained in this message is confidential and may constitute inside or non-public information under international, federal, or state laws and is intended only for the use of the addressee. Unauthorized forwarding copying, printing, distributing, or using such information is strictly prohibited and may be unlawful. If not the addressee, please promptly delete this message and notify the sender of the delivery error. You may call the OBGYN department at (520) 626-6591.

03/18/2013 11:13

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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: __Pamela S. Lotke

LICENSE #: 30503

SPECIALTY: Obstetrics & Gynecology

CHECK ONE:

MAR 1 8 2013 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. f

✓ Initial Registration (\$200)

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 2255 N. Wyatt Drive Tucson, AZ 85712 Phone Number Fax Number E Mail 602-263-4210 602-604-0159 Х Х Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Nubain X X х Schedule IV Drugs Schedule V Drugs **Prescription Devices**

ADDITIONAL PRACTICE LOCATION:

DEA# FOR THIS LOCATION:

Street Address		City/St	tate/Zip Code
Ρ	hone 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:	18202	Date: 3712

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



ADDITIONAL PRACTICE LOCATION: Street Address		DEA # FOR THIS LOCATIO	N: tate/Zip Code	
P	hone 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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F	hone Number	Fax Number	E Mail	
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PLANNED PARENTHOOD OF SU. AZ. 2255 N. WYATT TUCSON, AZ 85712-0000 J

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