### ARIZONA MEDICAL BUAKU

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

JUN 2 2 2006

•	JU14 ~
PHYSICIAN NAME: David H. Orenstein, MD	SPECIALTY OB GY NARIZONA MEDICAL BOARD BUSINESS OPERATIONS
LICENSE #: 15128	BUSINESS OPERATION
Description (\$200)	Renewal Registration (\$150)
CHECK ONE: Unitial Registration (V=0)	experience drugs, devices and controlled substances.
<ul> <li>For each location, place a short</li> <li>Include a copy of your DEA license if you are requesting</li> </ul>	nsing prescription drugs, devices and controlled substances. riptions of the prescription Items which will be dispensed from that location. g dispensing of controlled substances at any location.
PL	LEASE NOTE
SEA lineage must be submitted for EACH	LEASE NOTE  I location where controlled substances will be dispensed and must be during the registration period
A separate Drawing the kept current di	during the registration period
	DEA # FOR THIS LOCATION:
PRIMARY PRACTICE LOCATION:	City/state/Zip Code 4-7 05253
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	Fax Number
Phone Number	
480-483 Phone Number	Prescription-Only Drugs Nubain
Schedule II Drugs Schedule III Drugs	
A secula V Drugs	Prescription Devices
Schedule IV Drugs	DEA # FOR THIS LOCATION:
ADDITIONAL PRACTICE LOCATION:	City/State/Zip Code
	H1 1000 11 A7 0301
560 N THE STREET	Fax Number
Phone Number	602-604-0157
662-263-223	Prescription-Only Drugs Nubain
Schedule II Drugs Schedule III Drugs	
Sehodule V Drugs	Prescription Devices
Schedule IV Drugs 71 Schedule 1 Schedule 1	nlage a check mark here:
locations on the reve	verse side of this form and place a check mark here:
(1) Tat any additional locality	
<b>☆</b>	
Physician's Signature:	noteen, 200 Date: 6-14-06
Davelour	Date: U.
Physician's Signature:	<del></del>
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	sician Renewal registration fee: \$150.00 per physician
Initial registration fee: \$200.00 per physi	sician Renewal registration lee: 4.5000,
Initial registration lee: \$200.00 per	
	ALCONO MEDICAL ROARD
Make checks or money o	orders payable to ARIZONA MEDICAL BOARD
The second secon	wasterCard
For your convenience, w	we accept payments by Visa or MasterCard
	olease complete the attached
If you wish to pay by p PAYMENT	payment card, please complete the attached T CARD AUTHORIZATION FORM

JUN-21-2006 16:40

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いくたくさん さいたいさいえた ひくろうし 9545 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

•	Proc.	"" Please ]					
PHYSICIAN NAME:_	DAVID H.	_ Or	enotein				
LICENSE #: 15	128		SPECIALTY: OF	3/6	ΥN		
	adetio	nal	location	7			
CHECK ONE:	Initial Registration (	\$200)	Renewal Regist	ration	(\$100)	•	
Please list below AL     For each location in	L locations where you will l	be dispensing	prescription drugs, devices a s of the prescription items wh	nd con	trolled substa	ances.	
• Include a copy of yo	our DEA license if you are re	squesting disp	ensing of controlled substance	es at a	ny location.	o from that io	cation,
		E PEEA	SENOTE######			i kanala	
A separate DEA licen	se migrosesutiunitesijei Samenii kark	(EAC)) oca Vinent dume	ex viere expedied substance registration person	i (ce	All Cardison	nsedbird m	ust be
PRIMARY PRACTICE		ı	DEA# FOR THIS LOCATION			Same	1. A. S. S.
	Street Address Tree	Rend		State/	Zip Code	8616	<u>—</u> -
	Phone Number	,	Fax Number	4	772	8525 EMaii	<u> </u>
Schedule II Drugs	Schedule III Drugs		Prescription-Only Drugs	Γ.	Nubain		r—
Schedule IV Drugs	Schedule V Drugs		Prescription Devices	<del>                                     </del>	MODELL		<u></u>
ADDITIONAL PRACTI			EA#FORTHIS LOCATIO				
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Schedu e IV Drugs	Schedule V Drugs	P R	Prescription Devices	$\frac{2}{\sqrt{1}}$	Mubain	<del> </del>	<u> </u>
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Physician's Signature	A(1) $A(1)$	leaster	i Mey Dat	e:	1-25-	01	
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JAN-25-2007 14:19

6026040159 T-365 P002/010 F-987 9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: http://www.azmd.gov

<u>DISPENSIN</u>	G PHYSICIAN ANNUAL RENEWAL FORM
*	** Please Type or Print **

PHYSICIAN NAME:	ARRIS ORENSTEIN	On am.
LICENSE #:	-	JUN 1 9 2008
Renewal Registration FEE (\$150) If	received by June 30, 2008	O. S.
A separate DEA license must be subn dispensed and must b	PLEASE NOTE nitted for EACH location where be kept current during the registr	controlled substances will be ration period
Place a check mark next to descript locations. (Certificate will be issued or	tion below of all itams which	wall be di-
Schedule II Drugs   Schedule III Drugs	Prescription-Only Drugs	✓ Nubain ✓
Schedule IV Drugs V Schedule V Drugs	✓ Prescription Devices	<b>✓</b>
Your certificate will be issued for Prenot submitted for each location.	scription-Only Drugs and Dev	rices if a <u>DEA registration is</u>
PRIMARY PRACTICE LOCATION:		
5651 N. 7TH ST. PA	10ENIX AZ 85014	602-218 2203
Street Address Cit	HOENIX AZ 85014 by, State, Zip Code	Phone #
	11-30-2006	12-31-2009
DEA# for this location (Attach Copy of DEA)	Issued Date	Expiration Date
ADDITIONAL PRACTICE LOCATION:	P. L. Market and an area	
Street Address Cit	V State Zin Code	<u> </u>
Street Address City  DEA# 101 UIIIS IOCAUON (ATEACH COPY of DEA)	11-30 - Zank	12-31 2a
DEA# TOT THIS IOCATION (ATTACK COPY OF DEA)	Issued Date	Expiration Date
Physician's Signature:	+. Augh no Date	=: 5/20/08
Renewal registration fee: \$150,00 per ph		Wed The Market
For your convenience	orders payable to ARIZONA MEDICA	L BOARD WILLIUM

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

06-19-'08 11:49 FROM-PLANNED  Physician Name <u>DAVID HARRIS</u> License # <u>1512 8</u>		T-365 P003/010 F-987
ADDITIONAL PRACTICE LOCATION:		<i>t-1</i> - 0
Street Address	CITY STOR TEMPE AZ	85281 480-967-9414 Phone #
	Only, State, Zip Code	Phone #
DEA # for this location (Attach Copy of DEA	11-30-20-0	5 12-31-2009 V Expiration Date
, ,,,,,,,	y looded Date	Expiration Date
ADDITIONAL PRACTICE LOCATION:		
_ 7031 E. DOUBLETREE	RANCH RD. PARADISE	Phone #  5 12-31-2-90 8  Expiration Date
Street Address	City, State, Zip Code	Phone #
	11-14-200	5 12-31-2 an &
DEA # for this location (Attach Copy of DEA	ssued Date	Expiration Date
ADDITIONAL PRACTICE LOCATION:  8822 N. 420 Avenue Street Address	Gladalo, AZ 8.	530) '623-934-32UY Phone#
	11-30-2006	12-31-2009
, and the second of the second	) Issued Date	Expiration Date
ADDITIONAL PRACTICE LOCATION:		
140 N. Litch field Rd +	#100 Goodyan AZ	85338 623-932-5111
Street Address	City, State, Zip Code	8538 633-933-5111 Phone # 12-31-2009
DEA# for this location (Attach Copy of DEA	1-4-2007 Issued Date	13-31-2009 / Expiration Date
ADDITIONAL PRACTICE LOCATION:		
Street Address	City, State, Zip Code	Phone #
	* · · ···- · · · · · · -	1 11/11/0 TF

Issued Date

Expiration Date

DEA # for this location (Attach Copy of DEA)

### ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottedale, Arizona 85258 Telephone: (480) 851-2761 . Fax (480) 851-2704 Home Page: http://www.azmd.gov

## DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

JUN 092009

PHYSICIAN NAME:	David Harris	Orenstein, MD
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MD LICENSE #: 15128

SPECIALTY:

OB/GYAR MEDICAL BOARD

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

- Continu 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

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the contract and the superintensity of the Street,	

140 N LITCHFIELD RD STE 100 GOODYEAR, AZ 85338

Schedule II Drugs Schedule III Orugs 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 AVE PHOENIX, AZ 85012

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

Dispensing location information correct

6026040159 T-094 P008/014 F-131 06-09-'09 09:14 FROM-PLANNED PARENTHOOD Danid Harry Upish my Date: 5/26/09 Physician's Signature:



#### **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 \*\*

	** Please Type or Print **		THE PERSON NAMED IN
PHYSICIAN NAME: David Harris Orenstein, MD			RECEIVE
MD LICENSE #: 15128	SPECIALTY:	08/614	MAY 2 5 2019
Renewal Registration (\$150) (Renewal & fi	ee must come together postm	arked or faxed by 6/30	DAZ MEDICAL BOARD
<ul> <li>Confirm ALL locations below where you will be disp (For each location, place a check mark to verify add Include a copy of your DEA license if you are reque</li> <li>Blank form attached to add additional locations</li> </ul>	ensing prescription drugs, devices tress and schedule of drugs dispe	s and controlled substance nsed from each location a	≘s.
	A. S.		
140 N LITCHFIELD RD STE 100 GOODYEAR, AZ 85338		نام ه	To plant in the second
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Nubain Prescription Only Drugs Prescription Devices		no sund	ić Pr
Dispensing location information correct	☐ Copy of DEA attached	☐ Remove this loca	ation
<sup>7</sup> 4417 N 7TH AVE PHOENIX, AZ 85012			
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Dispensing location information correct			

	1250 E APACHE #108 TEMPE, AZ 85281		
7	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		
1.	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
~	7031 E DOUBLETREE RANCH RD PARADISE VALLEY, AZ 85253		
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	Dispensing location information correct	Copy of DEA attached	☐ Remove this location
	5651 N 7TH ST PHOENIX, AZ 85014		
7	Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Schedule V Drugs Nubain Prescription Only Drugs Prescription Devices		
	Dispensing location information correct	Copy of DEA attached	☐ Remove this location

Physician's Signature: Daniel H. Une L'mp Date: 5/11/10

DEA REGISTRATION	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N.4.5.	PRACTITIONER	12-23-2009
ORENSTEIN, PPCNA 4417 N. 7TH A PHOENIX, AZ	VE.	

CONTROLLED SUBSTANCE/REGULATED CHEMICAL 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.

REPORT **CHANGES** PROMPTLY:

#### REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

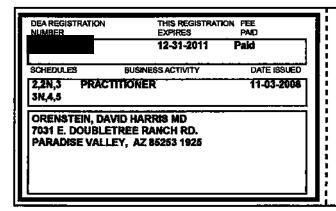
To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

- 1. visit our web site at deadiversion.usdoj.gov or 2. call our customer Service Center at 1-(800) 882-9539 or

2. can our customer Service Center at 1-(200) 622-3535 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.

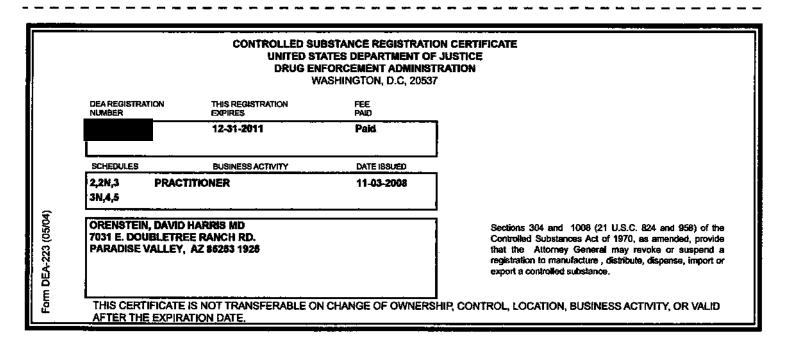
You have been registered to handle the following chemical/drug codes:



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

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

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



Prescription Devices

□ Dispensing location information correct

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#### ARIZONA MEDICAL BOARD

9645 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2700 . Fax (480) 551-2704 Websile: www.azmd.gov

#### DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

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

JUN 21 2011

		Control of Access and Access and		no.
PHYSICIAN NAME:	David Harris Orenstein, ME		OB/GYN MED	ICAL BOARD
MD LICENSE #: 15	128	SPECIALTY:	OB/67N	
<ul> <li>Confirm ALL location</li> <li>Include a copy of</li> </ul>	ions below where you will be di , place a check mark to verify a	s fee must come together postn spensing prescription drugs, devices ddress and schedule of drugs dispensing dispensing of controlled sub	narked or faxed by 6/30) s and controlled substances.	
			10 many 20 mag 2	
140 N LITCHFIELD I GOODYEAR, AZ 853	RD STE 100 338		,	
Prescription Only Dru Prescription Devices	ıgs .			
☐ Dispensing loca	ation information correct	☐ Copy of DEA attached	Remove this location	
4417 N 7TH AVE PHOENIX, AZ 85012				
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Nubain Prescription Only Dru Prescription Devices	gs			
☐ Dispensing loca	tion information correct	☐ Copy of DEA attached	Remove this location	
1250 E APACHE #10 TÉMPE, AZ 85281	8			
Prescription Only Dru	as			

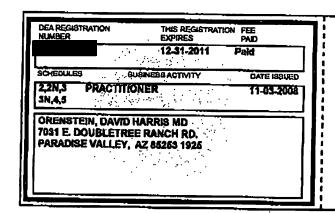
☐ Copy of DEA attached ☐ Remove this location



8822 N 43RD AVE GLENDALE, AZ 85302	
Prescription Only Drugs Prescription Devices	
Dispensing location information correct	
7031 E DOUBLETREE RANCH RD PARADISE VALLEY, AZ 85253	
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Schedule V Drugs Nubain Prescription Only Drugs Prescription Devices	
Dispensing location information correct X Copy of DEA attached C Remove this location	
5651 N 7TH ST PHOENIX, AZ 85014	
Prescription Only Drugs Prescription Devices	
Dispensing location information correct Copy of DEA attached Remove this location	
Physician's Signature: And H- Munit mb 6/21/2011	

DEA Certificate

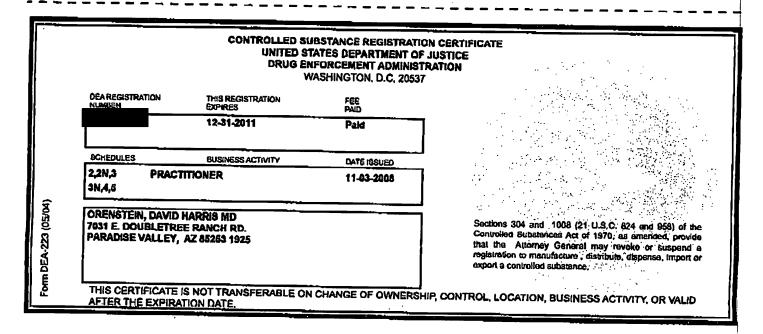
Page 1 of 1



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

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

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



#### ARIZONA MEDICAL BOARD

RECEIVED

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 MEDICAL BOARD

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

PHYSICIAN NAME: David Harris Orenstein, MD

MD LICENSE #: 15128

SPECIALTY: OB/GYN

X

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

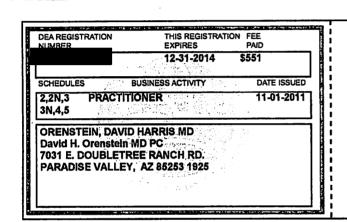
A separate DEA license must be submitted for *EACH* location where **controlled substances** will be dispensed and must be kept current during the registration period

7031 E DOUBLETREE RANCH RD PARADISE VALLEY, AZ 85253

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

$oldsymbol{\mathbb{X}}$ Dispensing location inf	ormation correct	Copy of DE	EA attached	☐ Remove thi	s location	
Physician's Signature:	David H	· Orensti	md	Date:	5/21	2012

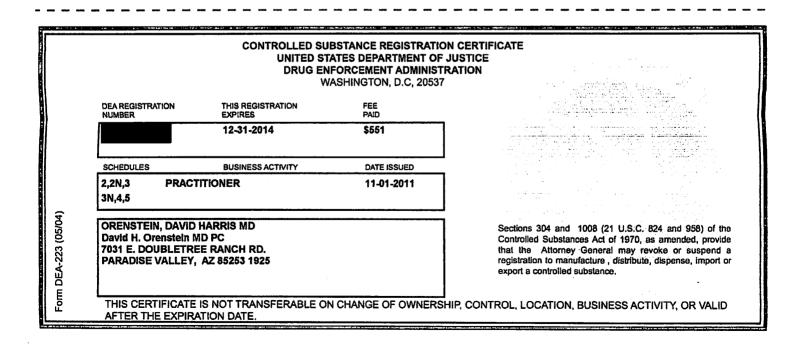




CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C, 20537

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#### ARIZONA MEDICAL BOARD

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

#### **DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL**

\*\* Please Type or Print \*\* PHYSICIAN NAME: Dr. David Orenstein LICENSE #: 15128 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 PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code 5771 W. Eugie Glendale, AZ 85304 Phone Number Fax Number 623-934-7006 623-937-3014 X X Schedule II Drugs Schedule III Drugs **Prescription-Only Drugs** Nubain X X Schedule IV Drugs Schedule V Drugs **Prescription Devices** ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code 2255 N. Wyatt Dr. Tucson, AZ 85712 Phone Number Fax Number E Mai 520-624-1766 520-628-3069 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 2 page of this form and place a check mark here:

Initial registration fee: \$200.00 per physician

Physician's Signature:

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



		LOCATION:		DEA# FOR THIS LOCATION	
1250 E. Apache #108				Tempe, AZ 85281	tate/Zip Code
480-966-4728	Phone	Number		Fax Number 480-921-8712	- Litail
Schedule II Drugs	X	Schedule III Drugs	X	Prescription-Only Drugs	Nubain
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices	
ADDITIONAL PRAC				DEA # FOR THIS LOCATI	
	Street	Address		City/S	tate/Zip Code
	Phone	Number		Fax Number	E Mail
Schedule II Drugs	<u> </u>	Schedule III Drugs		Prescription-Only Drugs	Nubain
Schedule IV Drugs		Schedule V Drugs		Prescription Devices	
ADDITIONAL PRAC		OCATION: Address		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	
ADDITIONAL PRACT		OCATION: Address		DEA # FOR THIS LOCATION	ON: ate/Zip Code
	Dhana	Number			
<del> </del>	Pnone	number		Fax Number	E Mail
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	Nubain
Schedule IV Drugs		Schedule V Drugs		Prescription Devices	
ADDITIONAL PRACT	ΓΙCE L Street	OCATION: Address		DEA # FOR THIS LOCATION	ON: ate/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 PRACT		OCATION: Address	1	DEA # FOR THIS LOCATION City/Sta	ON: ate/Zip Code
	rnone	Number		Fax Number	E Mail

**Prescription-Only Drugs** 

**Prescription Devices** 

Nubain

Schedule II Drugs

Schedule IV Drugs

Schedule III Drugs

Schedule V Drugs

Renewal registration fee: \$150.00 per physician

#### 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:	Dr. I	David Orenstein			
LICENSE #: 1512	8		5	SPECIALTY: Obstetrics	& Gynecology
CHECK ONE:	ln	itial Registration (\$200)		Renewal Registr	ration (\$150)
, For each location,	piace a	Check mark next to the desc	rintin	g prescription drugs, devices ar ns of the prescription items whi pensing of controlled substance	AL MILE W. C.
A separate DEA lic	ense	must be submitted for EAC	HIO	ASE NOTE cation where controlled subsing the registration period	tances will be dispensed and must
PRIMARY PRACTICE	ELOC	ATION:		DEA # FOR THIS LOCAT	ION
577 <mark>1</mark> W. Eugie	Street	Address		Glendale, AZ 85304	State/Zip Code
623-934-7006	Phone	Number		Fax Number 623-937-3014	E Mall
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices	
ADDITIONAL PRACT	ICEL	OCATION:		DEA # FOR THIS LOCATI	ON:
2255 N. Wyatt Dr.	Street	Address			tate/Zip Code
520-624-1766	hone	Number		Fax Number 520-628-3069	ı
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain
Schedule IV Drugs	Х	Schedule V Drugs	X	Prescription Devices	
***** List any add	itíona	l locations on the 2 d pag	ge of	this form and place a chec	
Physician's Signature		\$200.00 per physician	4	_	::

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

1250 E. Apache #108		DEA # FOR THIS LOCATIO				
		City/State/Zip Code				
480-966-4728	Phon	e Number		Fax Number 480-921-8712	zil	
Schedule II Drugs	X	Schedule III Drugs		Prescription-Only Drugs	Nubain	7
Schedule IV Drugs	X	Schedule V Drugs	X	Prescription Devices		

ADDITIONAL PRACTICE LOCATION: Street Address		DEA # FOR THIS LOCATI	ION: tate/Zip Code
P	hone Number	Fax Number	E Mail
Schedule II Drugs	Schedule III Drugs	Prescription-Only Drugs	Nubatn
Schedule IV Drugs	Schedule V Drugs	Prescription Devices	

ADDITIONAL PRACTICE LOCATION: Street Address		DEA # FOR THIS LOCATI	ION: 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	

ADDITIONAL PRACTICE LOCATION: Street Address		DEA # FOR THIS LOCATI	ON: tate/Zip Code
F	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 PRACT	ICE LOCATION: Street Address	DEA # FOR THIS LOCATI	ON: 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	

ADDITIONAL PRACTICE LOCATION: Street Address		DEA # FOR THIS LOCATI	ON: 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	

ORENSTEIN, DAVID H MD 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000

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DEA REGISTRATION	THIS REGISTRATION EXPIRES	FEE PAID
	12-34-2015	\$731
SCHEDULES 3	V. A BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012
ORENSTEIN PPAZ 2255 N WYATT TUCSON, AZ	and the state of t	

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, distributs, 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. 20597

DEA REGISTRATION NUMBER	THIS REGISTRATION  EXPIRES	FEE PAID
	12-31-2015	\$731
	041011F00 A 0771 F774	ICCUE DATE

2,2N, PRACTITIONER 11-05-2012 3N,4,5,

ORENSTEIN, DAVID H MD PPAZ 2255 N WYATT DR TUCSON, AZ 85712-0000

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.

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Form DEA-223 (4/07)

ORENSTEIN, DAVID H MD 5651 N 7TH ST PHOENIX, AZ 85014-0000-000

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DEA REGISTRAȚIO	THIS REGISTRATION EXPIRES	FEE PAID
	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, & 3N,4,5, **	PRACTITIONER	11-05-2012
PPAZ	DAVID'H MD CHE #108 85281-0000	

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

NUMBER	· EXPIRES	PAID
	12-31-2015	<b>\$7</b> 31
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3N,4,5,	PRACTITIONER	11-05-2012

THIS REGISTRATION

ORENSTEIN, DAVID H MD PPAZ 1250 E APACHE #108 TEMPE, AZ 85281-0000

DEA REGISTRATION

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1979, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (4/07)

ORENSTEIN, DAVID H PPAZ 5651 N. 7TH STREET PHOENIX, AZ 85014-0000-000

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	12-94-2015	\$731
SCHEDULES	BUSINESSACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RACTITIONER.	11-01-2012
ORENSTEIN, DA PPAZ	VIDH	
5771 W, EUGIE GLENDALE, AZ (	35304-00 <b>9</b> 0	

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

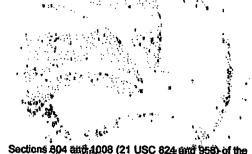
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NUMBER	EAPIRES	PAD
	12-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	11-01-2012

THIS REGISTRATION

ORENSTEIN, DAVID H PPAZ 5771 W. EUGIE GLENDALE, AZ 85304-0000

DEA REGISTRATION



Sections 804 and 4008 (21 USC 824 and 958) of the Controlled Substitutions Act of 1986, as amended, provide that the Attorney General may revoke or suspend a registration to maintracture, 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.

Form DEA-223 (4/07)