

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114 In Accordance with Massachusetts General Laws Chapter 94C

REGISTRATION



NUMBER

ISSUED

TYPE

MM0386943A

09/29/2017

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO MUENZER, MATTHIAS G MD



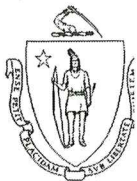
A handwritten signature in black ink, appearing to read "MBM".

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RECALL

766633

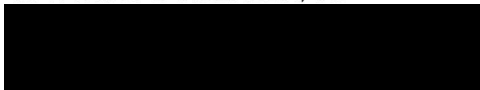


Commonwealth of Massachusetts  
 Executive Office of Health and Human Services, Department of Public Health  
 Bureau of Health Professions Licensure, Drug Control Program  
 239 Causeway Street, Suite 500, Boston, MA 02114  
 Telephone 617 983-6700 Fax 617 753-8233

**Recall Application for Massachusetts Controlled Substances Registration for  
 Physician, Dentist, and Podiatrist**

**Recall application notice for all practitioner Massachusetts Controlled Substances Registrations issued in  
 11/24/2014 (in accordance with the Controlled Substances Act, M.G.L. Chapter 94C).**

MATTHIAS G MUENZER, MD



Please print clearly be sure to:

- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
- Sign and date the form.
- Mail the first and second page to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR.

For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

**\*S980P78AW\***

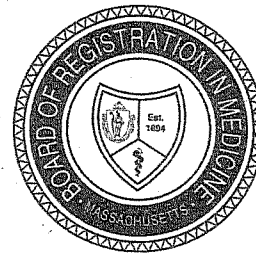
If **not** registering, please check the appropriate box and return the form to the address above.

- Retired  Deceased  
 I do not prescribe/possess/dispense/administer controlled substances in MA

Cross out any information needing changes and enter corrections in the column to the right	Enter only corrections, changes and missing information below
1) Degree: <b>MD</b>	
2) Massachusetts Board of Registration No.: <b>160382</b>	
3) DEA No. (If possessed): <b>BM6552031</b>	SEP 29 2017
4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.	MASSACHUSETTS LICENSURE
5) Name: <b>MATTHIAS G MUENZER</b>	First: _____ Middle: _____ Last: _____ Suffix: (e.g. Jr., Sr., II, III.)
6) Business Address: 	Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.  City _____ State _____ Zip _____
7) Mailing Address: <input checked="" type="checkbox"/> Check here if same as the address printed below the barcode above	<b>SAME</b> City _____ State _____ Zip _____
8) Business Telephone No.: 	( )
9) Social Security No.: 	Required by M.G.L. c. 30A, s. 13A
10) Drug Schedules requested: <b>II, III, IV, V, VI</b>	Check all that apply: <input checked="" type="checkbox"/> II <input checked="" type="checkbox"/> III <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> VI Schedule VI includes all prescription drugs not in Schedules II - V.
11) E-mail Address: 	
In the boxes below enter the requested information	
12) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

COMMONWEALTH OF MASSACHUSETTS

Board of Registration in Medicine



**Active License**

**Matthias G Muenzer M.D.**



**Lic. # 160382**

**Expires: 08/26/2018**

