

Arizona Medical Board Arizona Regulatory Board of Physician Assistants 1740 W. Adams St, Suite 4000 Phoenix, AZ 85007 Phone (480) 551-2700 www.azmd.gov

## DATA DISK REQUEST FORM

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants produces a CD-ROM containing the Physician and Physician Assistant database on a monthly basis. The data is provided as an EXCEL file. This data disk contains public information on Physicians and Physician Assistants including the following:

Name, License Number, Office/Mailing Address, Office Telephone Number, License Status, In-State or Out-of-State Practice, License Issuance Date, Last Renewal Date, License Expiration Date, Education, Year of Graduation, Fields of Practice, and Board Actions. The data disk also indicates whether a Physician holds a dispensing Certificate.

E-mail/Address:	<b>Format:</b> (choose one)	Quantity:	x Price Per Unit: \$100.00 = Total Price:	
	E-mail/Address:			

Upon receipt of payment, the data disk will be e-mailed to the address listed above or mailed to the mailing address listed below. For your convenience, in addition to direct payments by check or money order, the Board accepts Visa, MasterCard and American Express.

The Arizona Medical Board will only accept credit card payment via mail (US, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

\*Data disks may also be purchased and picked up at the Board's office from 8am to 5pm. (Please call ahead for expedited service.)

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Card Number:			Expiration Date:			
(No dashes betwe	en numbers)					
Name as Shown on Payment Card:						
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Mailing Address of Cardholder: (If different from billing address)		City:	State: Zip:			
Cardholder Signature: (Required)		Date:				
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