



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE
(334) 242-4116

Dispensing Physician's Registration Form

Physician Name: _____ LIC. # _____

Primary practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Additional practice location: _____

City _____ State _____ Zip _____ Phone No. _____

DEA No. _____ Expiration Date _____

Completed this _____ day of _____, 20_____.

I hereby certify the foregoing information to be correct to the best of my knowledge, information and belief.

Physician/Osteopath Signature

NOTE: The rules of the Board of Medical Examiners require that a new registration form be filed when there is any change in the registrants' principal or additional practice locations.