



DISPOSAL OF INVENTORY OF DRUGS AND DEVICES
A.R.S. § 32-1871(F)
IF PHYSICIAN FAILS TO RENEW OR CEASES TO DISPENSE,
PHYSICIAN MUST PROVIDE THIS INFORMATION TO THE BOARD WITHIN THIRTY (30) DAYS.

Name of Licensed Physician: _____ License No.: _____

Mailing address: _____

City/State/Zip: _____ Phone No. (Day): _____

<p align="center">List each location(s) at which Doctor was formerly registered to dispense.</p> <p align="center">If your inventory was transferred to another licensed health care provider or left with a licensed health care institution by which you were employed, it is not necessary to attach the inventory itself.</p>			
Clinic Name & Address	Drugs and Devices	Manner of Disposal	Date of Disposal

I, the licensed physician named above, do hereby attest that the inventory of drugs and devices from which I formerly dispensed was disposed of in the above manner:

 Signature Date



SAMPLE

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IF PHYSICIAN FAILS TO RENEW OR CEASES TO DISPENSE,
PHYSICIAN MUST PROVIDE THIS INFORMATION TO THE BOARD WITHIN THIRTY (30) DAYS.

Name of Licensed Physician: John Q. Smith, D.O. License No.: 0024

Mailing address: 45678 Main Street, Suite 100

City/State/Zip: This Town, AZ 85000 Phone No. (Day): 480-555-5678

List each location(s) at which Doctor was formerly registered to dispense.
 If your inventory was transferred to another licensed health care provider or left with a licensed health care institution by which you were employed, it is not necessary to attach the inventory itself.

Clinic Name & Address	Drugs and Devices	Manner of Disposal	Date of Disposal
Sunny Urgent Care (all locations)	N/A	Left with Sunny Care, a licensed health care institution	12/27/08
My Office 1234 Main St Mytown AZ	See attached	Disposed as required by DEA	1/4/09
Desert Medical Spa 123 Dune Blvd HighHills, AZ	3 vials of Botox	Returned to vendor for credit	11/17/08
My Old Office 567 Main St Mytown AZ	N/A	Sold inventory with practice to Lee Newdoc, D.O.	7/3/2008
Sunny Urgent Care (all locations)	N/A	Left with Sunny Care, a licensed health care institution	12/27/08

I, the licensed physician named above, do hereby attest that the inventory of drugs and devices from which I formerly dispensed was disposed of in the above manner:

Signature Date