



**Arizona Medical Board**  
**Arizona Regulatory Board of Physician Assistants**  
 1740 W. Adams St, Suite 4000 Phoenix, AZ 85007  
 Phone (480) 551-2700 Fax (480) 551-2707 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.*

<b>Format:</b> (choose one)	<b>Quantity:</b> <input style="width: 50px;" type="text"/>	<b>x Price Per Unit: \$100.00</b>	<b>= Total Price:</b> <input style="width: 50px;" type="text"/>
<input type="checkbox"/> CD-ROM <input type="checkbox"/> 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. If you wish to pay by credit card, please indicate the method of payment below:

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

**Type of Card:**     Visa             Mastercard             Amex

**Card Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Expiration Date:**   
 (No dashes between numbers)

**Name as Shown on Payment Card:**

**Billing Address of Cardholder:**     **City:**     **State:**     **Zip:**   
 (Required)  
**Office Phone:**

**Mailing Address of Cardholder:**     **City:**     **State:**     **Zip:**   
 (If different from billing address)

**Cardholder Signature:**     **Date:**   
 (Required)

**For receipt, please include an e-mail address for submission:**    **E-mail:**