



## Arizona Board of Osteopathic Examiners In Medicine and Surgery

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258-5572

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

### ADDRESS OF RECORD CHANGE FORM

Pursuant to ARS § 32-1800(2) and 32-1803(4), the Board maintains a directory of osteopathic physicians licensed to practice in Arizona. The directory is to include each licensee's current or last known Address of Record.

**This form can be filled out electronically & emailed to the board at [questions@azdo.gov](mailto:questions@azdo.gov) or faxed to 480-657-7715**

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
AZ License Number

\_\_\_\_\_  
Signature (not valid without physician's handwritten or electronic signature)

\_\_\_\_\_  
Today's Date

**New PRACTICE/EMPLOYMENT Address: This address will be your mailing address unless you designate otherwise in the residential address box below.**

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**New RESIDENTIAL Address:**  **Yes, use my Residential address as my mailing address.**

**(This address/phone number is confidential and will never be available to the public unless it is the only address/phone number provided - §32-3801)**

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_