



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY
 9535 EAST DOUBLETREE RANCH ROAD SCOTTSDALE, ARIZONA 85258-5572
 PH (480) 657-7703 | FX (480) 657-7715 www.azdo.gov | questions@azdo.gov

DISPOSAL OF INVENTORY OF DRUGS AND DEVICES
A.R.S. § 32-1871(F)

Name of Licensed Physician: _____ License No.: _____

Mailing address: _____

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

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

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

DISPOSAL OF INVENTORY OF DRUGS AND DEVICES
A.R.S. § 32-1871(F)

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