Arizona Medical Board
Arizona Regulatory Board of Physician Assistants
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www.azmd.gov

MEDICAL DIRECTORY ORDER FORM

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants annually produces a *Medical Directory* on CD-ROM. The *Directory* contains an alphabetical listing of physicians and physician assistants. The CD-ROM allows searches for physicians and physician assistants by name, city, and/or specialty. If you would like to purchase a copy, it is available for $30. You may also perform an electronic physician or physician assistant search at www.azmd.gov or www.azpa.gov.

Requestor Name: _____ ☐ I am a licensed AZ physician
(CD-ROM provided free of charge to licensed physicians)

Format: CD-ROM **Quantity:** _____ **x Price Per Unit: $30.00 = Total Price:** _____

Upon receipt of payment, the medical directory will be sent 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:

*Medical Directories 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: _____ **City:** _____ **State:** _____ **Zip:** _____
(If different from billing address)

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

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