Official New York State Prescription Registration Form

State be issued on an Official New	York State Prescription form. A pra	controlled substances and non-controlled actitioner must first register with the Depar actitioner's registration shall be valid for a	rtment of Health to receive their	
NEW Registration, complete and sign this form and the Prescription Order Form to obtain free Official New York State Prescriptions.				
RENEWAL Registration, complete and sign this form and return prior to the last day of the month in which your registration expires.				
NOTE: Drug Enforcement Admin If you have a DEA #, your pre you need to change your DEA confirmation of updated DEA & If you do not have a DEA #, you	istration (DEA) Numbers scriptions may only be shipped to y registered address, contact the DE address and then submit a copy of ou are required to have your Affirma	your DEA address and this address will be EA at 877-883-5789 or on-line www.deadi your revised DEA registration with this app ation notarized. Please submit completed	e imprinted on your prescriptions. If version.usdoj.gov. Obtain plication form. Acknowledgement section below.	
, ,	ped to your Primary Practice Office	address and this address will be imprinte	d on your prescriptions.	
APPLICANT'S NAME LAST	FIRST		MI	\neg
				Ш
PROFESSION				
NYS LICENSE NUMBER				
DEA REGISTRATION NUMBER		[If applicable]		
NPI NUMBER [INDIVIDUAL]		[If applicable]		
ADDRESS			'	
IF DEA REGISTERED - Enter address as it appears on your DEA registration. IF NON-DEA REGISTERED - Enter address of your Primary Practice Office.				
CITY				
STATE NY ZIPCODE				
IMPORTANT: Please include your most recent fax number and/or business email address for Bureau communications. (Area Code)				
PHONE NUMBER				
FAX NUMBER				
APPLICANT'S BUSINESS E-MAIL ADDRESS				
		@		
AFFIRMATION FOR ALL PRACTI	TIONERS: Under penalty of periur	y, I affirm that the statements herein are tr	ue.	7
APPLICANT'S SIGNATURE		•		
(Original Ink Only)		UF	ATE//	
PRINT NAME				
ACKNOWLEDGE	MENT FOR PRACTITIONERS <u>WIT</u>	HOUT DEA NUMBERS (Notary signature	and stamp required)	=
ss: On the day of, in the year before me, the undersigned, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in the city of, State of				
PLEASE MAIL COMPLETED FORM(S) TO ADDRESS BELOW [Faxes are not accepted] NYSDOH/Bureau of Narcotic Enforcement Official Prescription Program – Registration Unit Riverview Center 150 Broadway Albany, NY 12204 866-811-7957 (Option 1)				

DOH-4329 (7/12)