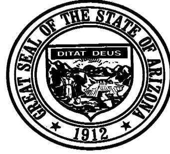

Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 West Adams Street, Suite 2000
Phoenix AZ 85007
Home Page: http://www.azbn.gov

PLEASE EMAIL REPORTS TO:
MONITORING@AZBN.GOV
or
ATD@AZBN.GOV

MEDICAL REPORT

As the treating provider, please take a few moments to complete this form.

Nurse's Name: ____

Name of Provider/Specialty (please print): ______________________________

Name of Clinic or Practice: _____________________________________

Check One: Initial Report_______ Quarterly/Monthly Report:_______

Medications Prescribed: ____

____

____

Treatment Plan (if appropriate): __________________________________

____

____

For Initial Reports Only:
Have you received a copy of the nurse's Agreement or Board Order?

Yes: _________ No: __________ Date Received: __________________

____

Provider Signature and Date