



MEDICAL BOARD OF CALIFORNIA Licensing Program

NOTICE OF CHANGE OF ADDRESS/EMAIL

Please fax to (916) 263-2944 or mail to Medical Board of California, at the below address.

Physicians and surgeons may change their address/email online in [BreEZe](#).

PLEASE PRINT ALL INFORMATION CLEARLY.

*LICENSE/REGISTRATION NUMBER:

*NAME:

LAST

FIRST

(FULL) MIDDLE

PREVIOUS ADDRESS OF RECORD:

CITY

STATE

ZIP

COUNTRY

Please allow only 30 characters per line for your Address of Record.

PLEASE CHANGE MY ADDRESS OF RECORD TO:

Note: Pursuant to Business and Professions Code Section 2021(a)(b), the Address of Record is public information and will be posted in the licensee's profile on the Medical Board's website.

CITY

STATE

ZIP

COUNTRY

IF THE ADDRESS OF RECORD IS A POST OFFICE BOX, A CONFIDENTIAL STREET ADDRESS MUST ALSO BE REPORTED:

NOTE: The street address of a private mail box service may not be used as a confidential street address.

CITY

STATE

ZIP

COUNTRY

Providing your telephone number and email address is for the Medical Board's internal use only for contacting licensees and registrants. This information will not be released to the public nor will it be displayed online.

TELEPHONE NUMBER: (PLEASE INCLUDE AREA CODE)

EMAIL ADDRESS:

Providing an email address is now required by law if you have an email address.

SIGNATURE & DATE