



# Texas Medical Board

MAILING ADDRESS: P.O. BOX 2029 • AUSTIN TX 78768-2029  
PHONE: (512) 305-7010

## CHANGE OF ADDRESS FORM

In order to assure that you receive all communications from this office, please notify us of all address changes.

**1. Please check your profession.**

- Acupuncturist
- Non-Certified Radiologic Technician
- Physician (M.D. or D.O.)
- Physician Assistant
- Physician in Training (Internship, Residency & Fellowship Training)
- Surgical Assistants
- Other (explain): \_\_\_\_\_

**2. Please check your status with the board and print your license number clearly if you have one.**

- I am currently licensed with the Board, License/Permit # \_\_\_\_\_.
- I have an application in progress.  
Circle one application type:    NEW        RENEWAL        REISSUANCE        TELEMEDICINE
- Other (explain): \_\_\_\_\_

**3. Please print or type your new information.**

Name: \_\_\_\_\_  
Same name as used on your application

**New Mailing Address:**

**New Practice Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suite, Apt or Unit #

\_\_\_\_\_  
Suite, Apt or Unit #

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

Date change becomes effective: \_\_\_\_\_

**4. Signature (Required):** \_\_\_\_\_  
**Signature** **Date**

**5. Mail or Fax to:**            Texas Medical Board  
   P.O. Box 2029, Austin, Texas 78768-2029  
   Fax: (512) 463-9416