



# Texas Medical Board

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

## PAIN MANAGEMENT CLINIC CHANGE OF ADDRESS FORM

Per Texas Occupations Code Sec. Sec. 168.101(b), Pain Management Clinic (PMC) Certificates are not assignable or transferrable. In order to change the name and/or address of a registered clinic, please complete the following form and submit with the required materials.

\*If the business is owned by more than one physician, the primary physician owner listed on the certificate must be the one to complete and sign this form.

**1. Primary Physician Owner (please print or type):**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**2. Please submit proof of ownership reflecting the new clinic address and demonstrating current ownership has not changed via one of the below:**

- Filings with the Secretary of State;
- IRS records for the clinic;
- State franchise tax documents;
- Other (explain):

**3. Please print your PMC certificate number clearly:**

I am currently registered with the Board, PMC Certificate number # \_\_\_\_\_.

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

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

**Old Clinic Address:**

**New Clinic Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

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

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

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

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

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

**5. Signature (Required):** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**6. Mail or Fax to:** Texas Medical Board  
P.O. Box 2029, MC 245  
Austin, Texas 78768-2029  
Fax: (888) 512-2581