



New Mexico Medical Board
2055 S. Pacheco Street
Building 400
Santa Fe, NM 87505
505-476-7220 505-476-7233 fax

Address Change/Update Form

Name: _____ License Number: _____

Current Home or Mailing Address (this is confidential)

Address: _____

Phone Number: _____

Email: _____

Current Business/Practice Address (this is public)

Address: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____