

MONITORING PHYSICIAN'S STATEMENT

The undersigned monitoring physician acknowledges that he/she has read and understood the attached Consent Order and agrees to serve as monitoring physician for _____(Name of subject licensee).

Sworn to and subscribed
(Signed) _____
before me this ____ day
of _____, 20__.

NOTARY PUBLIC

My commission expires:
Telephone:_____

Name (please print):

Physician Signature

Program:_____

Address:_____

License
No. _____