

SUPERVISING DENTIST STATEMENT

The undersigned LICENSED DENTIST acknowledges that he/she has read and understood the attached Consent Order and agrees to serve as _____
_____, Supervising Dentist.

Sworn to and subscribed
(Signed) _____
before me this ____ day
of _____, 200__.

NOTARY PUBLIC

My commission expires:
Telephone: _____

Name (please print):

Licensed Dentist Signature

Address: _____

License
No. _____