



Georgia Board of Dentistry

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

www.gbd.georgia.gov

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 before me
this ____ day of _____, 20____.

NOTARY PUBLIC

(SEAL)

My Commission Expires _____

Telephone #: _____

Name (please print)

Physician Signature

Program: _____

Address: _____

License #: _____