



# Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor  
Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

## 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 before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Licensed Dentist Signature

(SEAL)

Address: \_\_\_\_\_  
\_\_\_\_\_

My Commission Expires \_\_\_\_\_

Telephone #: \_\_\_\_\_

License #: \_\_\_\_\_