



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