

SUPERVISING PHYSICIAN'S REPORTING FORM

I hereby verify that I have continued to supervise the urine screens required of _____, in compliance with the Board Order/Consent Agreement of _____. Unless noted otherwise below, I verify that all such screens were performed on a random basis, that they were actually witness by me or by a reliable individual selected by me, and that they otherwise complied with the Board Order/Consent Agreement.

I verify that all screens were negative.
I remain willing and able to continue as Supervising Physician.

Any exceptions to the above verifications are as follows: (If no exceptions, state "None".)

Signature

Date