



ATTESTATION OF SIGNATURE

905-050D / 08-12

I the undersigned physician, attest that the E-form order used with my name is used only by me or under my jurisdiction, and is authorized by my personal code and attached to my electronic signature. Note: CMS (Medicare) prohibits the use of stamp signatures on any medical record.

FIRST NAME	MIDDLE INITIAL	LAST NAME	CREDENTIAL
OFFICE PHONE NUMBER		FAX NUMBER	
LICENSE NUMBER		NPI NUMBER	
OFFICE ADDRESS			
SIGNATURE			DATE
RELEASE TO – NAME			PHONE NUMBER

PLEASE RETURN TO CENTRAL SCHEDULING BY FACSIMILE: 918-494-1885