

**MEDICAL DIRECTOR ACKNOWLEDGMENT STATEMENT
(Chiropractor)**

I _____ am the designated Medical Director of _____, a
Laser Facility. I am:

- a. A licensed practitioner of the healing arts, qualified to perform these procedures in accordance with the practitioner's scope of practice as defined by the licensing board, is available to provide required functions.
- b. The licensed practitioner establishes written protocol procedures for each laser use.
- c. The licensed practitioner has the prescribing authority to perform therapeutic procedures with prescriptive devices. (Class 3b or Class 4 lasers)

Signature _____

Date _____