

MEDICAL DIRECTOR ACKNOWLEDGEMENT STATEMENT

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 is the prescribing authority for prescription medications, ointments, etc.

Signature _____

Date _____