

NON-PHYSICIAN PROVIDER AGREEMENT TO STANDARDIZED PROCEDURES AND PROTOCOLS

I,	_, have reviewed and	agreed to comply with
the non-physician provider pro	cedures and protocols	of
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Cignotume of Non Dhygisian Duovi	don.	Date
Signature of Non-Physician Provi	uer	Date
Nome of Supervising Physician		
Name of Supervising Physician		
Signature of Supervising Physicia	 n	Date