

The Preston Group, Inc.
Physician Attestation

I, the undersigned, hereby attest that the information given in or attached to this application is accurate and fairly represents the current level of my training, experience, capability, and competence to practice at the level requested. I specifically authorize The Preston Group, Inc. and its authorized representatives to consult with any third party who may have information bearing on the subject matter addressed by this application and to inspect or obtain any reports, material to the question of this application. I also specifically authorize any such third parties to release said information to The Preston Group, Inc. and its authorized representatives upon request. I hereby release The Preston Group, Inc. and its authorized representatives and any such third parties, from any liability for any such reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by The Preston Group, Inc. and/or its authorized representatives to, from or by any such third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this application.

Signature: _____ Date: _____