RESIDENT ATTESTATION

| Please Print Clearly: | | |
|-----------------------|----------------|-------------------------------|
| I, | , D.O., hereby | testify that I have completed |
| a month rotation in | | This rotation began |
| on | and ended on _ | · |
| | | |
| | | |
| Resident Signature | | |
| | | |
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| | | |
| attest | | |