

<div>
 <p>Sincerely,</p>
 <p>
 [Provider Signature Block]

 [Provider Name], [Credentials/Title]

 [Department Name]

 [Clinic Name]

 [Phone Number]

 [Fax Number]
 </p>
 <p>
 Electronically signed by [Provider Name] on [Date] at
[Time]
 </p>
 <p>
 License Number: [State License Number]

 NPI: [National Provider Identifier]
 </p>
</div>