

ATTESTATION FORM

Patient Name:

Last	First	Date of Birth (mm-dd-yyyy)

Your patient is being treated by DirectMD VPC for the treatment of their ADHD. With the changes to the Public Health Emergency (PHE), effective May 11, 2023, and the Ryan Haight Act, we are asking you to complete and sign this form so that we can provide uninterrupted care to our mutual patient.

In doing so, please complete the following information and attestation by acknowledging that I:

- I have seen this patient in the last 23 months for an in person physical exam.
On (enter date of last exam):
- Based on my most recent patient exam, I clear this patient for treatment with stimulant medications if indicated.
- I request that Christopher Hughes MD with DirectMD VPC continue treating this patient.

If you feel there is any pertinent information to share with our prescribing provider, please include it with the submission of this form.

PROVIDER NAME AND CREDENTIALS

Fill in all blanks COMPLETELY using a black or blue pen. Please print clearly.

Provider Name	Provider NPI
Practice Name	Practice Phone Number
Practice Address	Practice Fax Number
Signature	Date of Attestation