



PRESCRIBER LIST - PAIN MANAGEMENT CLINIC (PMC)

Please provide a complete list of all prescribers currently practicing at the PMC at the time of application. This includes all prescribers (MD/DO, APRN, PA, etc.) even if they are not engaged in pain management and all contract prescribers working at the facility.

Name of Prescriber	Type of Prescriber (MD/DO, APRN, PA, etc.)	Ohio Professional License Number

If necessary, continue using a separate sheet of paper.

