



State of Mississippi

Parenteral Conscious Sedation Permit

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

To All Persons Let It Be Known

FIELD(DENTIST_FULL_NAME)

WHO, ACCORDING TO THE APPLICATION ON FILE WITH THIS BOARD, HAS COMPLIED WITH THE REQUIREMENTS SET FORTH IN BOARD REGULATION 29; IS HEREBY GRANTED A PERMIT AUTHORIZING THE USE OF PARENTERAL CONSCIOUS SEDATION AND ENTERAL CONSCIOUS SEDATION IN THE PRACTICE OF DENTISTRY IN THE STATE OF MISSISSIPPI.

ISSUED ON FIELD(DLICENSES_ISSUED_TXT).

PERMIT NUMBER FIELD(LNUMBER_D)

A handwritten signature in cursive script, reading "Robert L. Smith, Jr. D.D.S.", written over a horizontal line.

ROBERT L. SMITH, JR., D.D.S., BOARD SECRETARY

MISSISSIPPI PERMITS MUST BE RENEWED IMMEDIATELY UPON ISSUANCE AND BIENNIALY
THE PERMIT HOLDER IS RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY CHANGES OF ADDRESS