Signature Verification Form

The following personnel will be making entries into the medical records and other documents of the Clinic. In order to immediately identify those persons a signature example and an example of signed initials has been obtained from each of the employees.

NAME	TITLE	SIGNATURE	SIGNED INITIALS	DATE

I have certified the above signatures to be the actual signatures of the named employees.

Date: _____ **Signed:** _____ **,Office Manager**

© 2012 KMC University / Kathy Mills Chang, Inc. All Rights Reserved.