

Dear (PA or NP):

To the extent currently permitted by applicable laws or rules set forth by the State of _____, and to the extent that you are able to provide services via telemedicine during the COVID-19 pandemic, this letter serves as my authorization for you to provide said services and I agree to supervise telemedicine services offered by you to Forefront patients that are within your scope of practice.

This letter shall serve as a supplement to your existing supervisory agreement. Please keep a copy of this letter and a copy will be kept at the corporate headquarters of Forefront Dermatology, S.C.

Date of Signature

_____, M.D./D.O.

Date of Signature

_____, PA/NP