

SOUTHSIDE AREA FAMILY MEDICINE

TIMOTHY W. CORBETT, SR., M. D.
BOARD CERTIFIED FAMILY MEDICINE

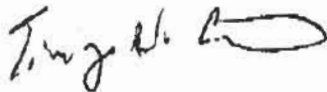
Timothy W. Corbett, Sr, MD

January 11, 2005

To Whom it may concern:

Please note that I have evaluated _____ on 1/10/05 and found that she has signs symptoms consistent with adverse reactions to chemical exposure. I believe that her health is adversely affected by exposure to chemical exposure such as the ones that are being used around in her area of residence .

Sincerely,



1003 SOUTH MAIN STREET
TELEPHONE (804) 392-9366 • FARMVILLE, VIRGINIA 23901 • FAX (804) 392-9348

SOUTHSIDE AREA FAMILY MEDICINE
TIMOTHY W. CORBETT, M.D.
BOARD CERTIFIED FAMILY MEDICINE
1803 SOUTH MAIN STREET
FARMVILLE VA 23041
DEA # BC 4474009

(804) 392-6088 TEL.
(804) 392-6048 FAX

NAME _____ AGE _____
ADDRESS _____ DATE *11/2/05*

It is ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B

Please note that

this individual is

under my care for a

Chemical reaction that
is reported to 50 mg 1 tablet

Refill _____

Eraser _____

Label _____

Timothy W. Corbett
(Signature)

To ensure brand name dispensing, prescriber must handwrite
"BRAND MEDICALLY NECESSARY" on the prescription.

4AGP0010183