

**COLLABORATION DOCUMENTATION**

Name of Naturopathic Doctor \_\_\_\_\_

<b>Date of Collaboration</b>	<b>Number of prescriptions reviewed</b>	<b>Notes on Review</b>

I attest that the above is a true and correct documentation of my review of prescriptive practices of the above-named naturopathic doctor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_