

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
Fax: (504) 838-5279
www.lsbpne.com

BOARD ORDER/CONSENT ORDER ACKNOWLEDGMENT FORM

(To be completed and submitted by prescribing physician)

Instructions:

Assessor/prescribing physician – please complete, sign and submit the form directly to the board office along with any treatment and recommendations records requested.

Date _____

RE: _____

I _____, hereby acknowledge receipt and
(Please Print)

review of the above named licensed practical nurse board order, including findings of facts and conclusions of law.

_____ I am aware that the above listed LPN's practical nursing license is suspended.

_____ I am aware that other physician's and/or healthcare providers are prescribing narcotics to the above listed LPN.

Print name of supervisor/assessor _____

Signature of supervisor/assessor _____

Name of facility _____

Address _____

Phone number _____