



121 SW FLAGLER AVENUE
STUART, FLORIDA 34994

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PAIN MANAGEMENT CLINIC AFFIDAVIT

MEDICAL OR DENTAL OFFICE -

An establishment where patients, who are not lodged overnight, are admitted for examination or treatment by persons practicing Any form of healing or health-building services whether such persons be medical doctors, chiropractors, osteopaths, chiropodists, naturopaths, optometrists, dentists, or any such profession, the practice of which is lawful in the State of Florida.

A pain management clinic shall not be considered a medical or dental office.

PAIN MANAGEMENT CLINIC -

All privately owned pain management clinics, facilities, or offices, which advertise in any medium for any type of pain management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, and are required register with the Florida Department of Health pursuant to Sec 458-309 or Sec 459-005, FL Statute (2009). A physician is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications for the treatment of chronic nonmalignant pain. Chronic nonmalignant pain is pain unrelated to cancer which persists: (1) beyond the usual course of disease or the injury that is the cause of pain, or (2) more than 90 days after surgery.

AFFIDAVIT OF AGREEMENT

I have read the above definitions for a Medical or Dental Office and a Pain Management Clinic. I Clearly understand the uses are separate and distinct uses. I am aware that the Business Tax Receipt I am applying for is only that of a Medical or Dental Office; not a Pain Management Clinic. I am also aware of my responsibilities for the use of Medical or Dental Office on the property, and further understand that any violation of this affidavit may result in code enforcement action and/or revocation of the Business Tax Receipt.

Physician or Operating Corporation Representative : _____

Business Name: _____

Business Address: _____ Suite _____ Stuart, FL _____

Signature of Applicant: _____ Date: _____

NOTARY PUBLIC INFORMATION

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by

_____. He/She is personally known to me or

Has produced _____ as identification and did not take an oath.

Notary Public

Seal