

**PHYSICIAN CERTIFICATE**

I, \_\_\_\_\_, do hereby certify:  
(physician's name)

1. That I am a physician duly licensed to practice medicine in the State of Maryland, having specialized in the field of \_\_\_\_\_ for \_\_\_\_\_ years.

2. That on the \_\_\_\_\_ day of \_\_\_\_\_, 2013, I examined \_\_\_\_\_ in my office.  
(patient/client's name)

3. I am of the opinion that \_\_\_\_\_ is/not capable  
(patient/client's name)  
of comprehending the meaning of legal documents such as a Power of Attorney, Last Will and Testament, Living Will and Deed, and has the capacity to consent to the execution of these legal documents on his/her behalf and has capacity to enter into any other contractual relationship or litigation.

I do hereby further certify, under the penalties of perjury, that all of the statements set forth in the foregoing Certificate are true and correct to the best of my knowledge, information and belief.

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

## PHYSICIAN'S CERTIFICATE REQUIREMENTS

1. The physician must complete the following sections:
  - Legal name of physician
  - Filed of specialty
  - Number of years practicing in the named field
  - Date of examination
  - Complete name of patient/client
  - Date certificate completed
  - Physician's signature
  - Physician's name and address, printed or stamped
  
2. The documents **MUST** be signed within **60 days** of the date of examination, not the date the certificate is completed.
  
3. To prevent the "out-dating" of the physician certificate and the resulting necessity of obtaining an updated physician certificate, all of the document intakes should be received in our office within two weeks of the date of examination.
  
4. Upon receipt of all the document intakes, drafts of the documents will be sent to the client within three weeks for the client's review. The client should contact our office within two weeks of the receipt of the drafts regarding changes and to schedule an appointment to sign the documents.
  
5. Capacity: Ability to understand the nature of one's acts and the consequences of the act.