

RENEWAL APPLICATION

Pd. 96
1/16/89

I hereby apply for the renewal of my License AS
A Physician
for the period from 02/01/1989 to 11/30/1990

under the provisions of Title 26 Chapter 23 V.S.A. LICENSE NUMBER 42-0006255
I enclose the correct fee as follows: \$ 95.00

IMPORTANT: YOU MUST SIGN THE REVERSE SIDE OF THIS CERTIFICATE OR YOUR LICENSE WILL NOT BE RENEWED

LYON EDD S MD

140 HOSPITAL DR
BENNINGTON VT 05201

98/2/1

READ REVERSE FIRST

SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION
please circle either yes or no

Had any treatment for mental illness? YES/NO

Had any convictions other than for minor traffic violations? YES/NO

Had an addiction to or been treated for drug or alcohol abuse? YES/NO

Had any jurisdiction deny or take action against your license? YES/NO

Had any final liability judgments or settlements? YES/NO

Had any hospital privileges denied, conditioned or revoked? YES/NO

Recently started practicing in Vermont? YES/NO

to distribute workload renewal period has been adjusted & fee prorated

... be in error, that he or she is not liable for the tax ... by the Commissioner of ... an unreasonable

...

... with respect to or in full ... of this application.

Edd L. ...

1/6/89

... need to check with us

... address or name.