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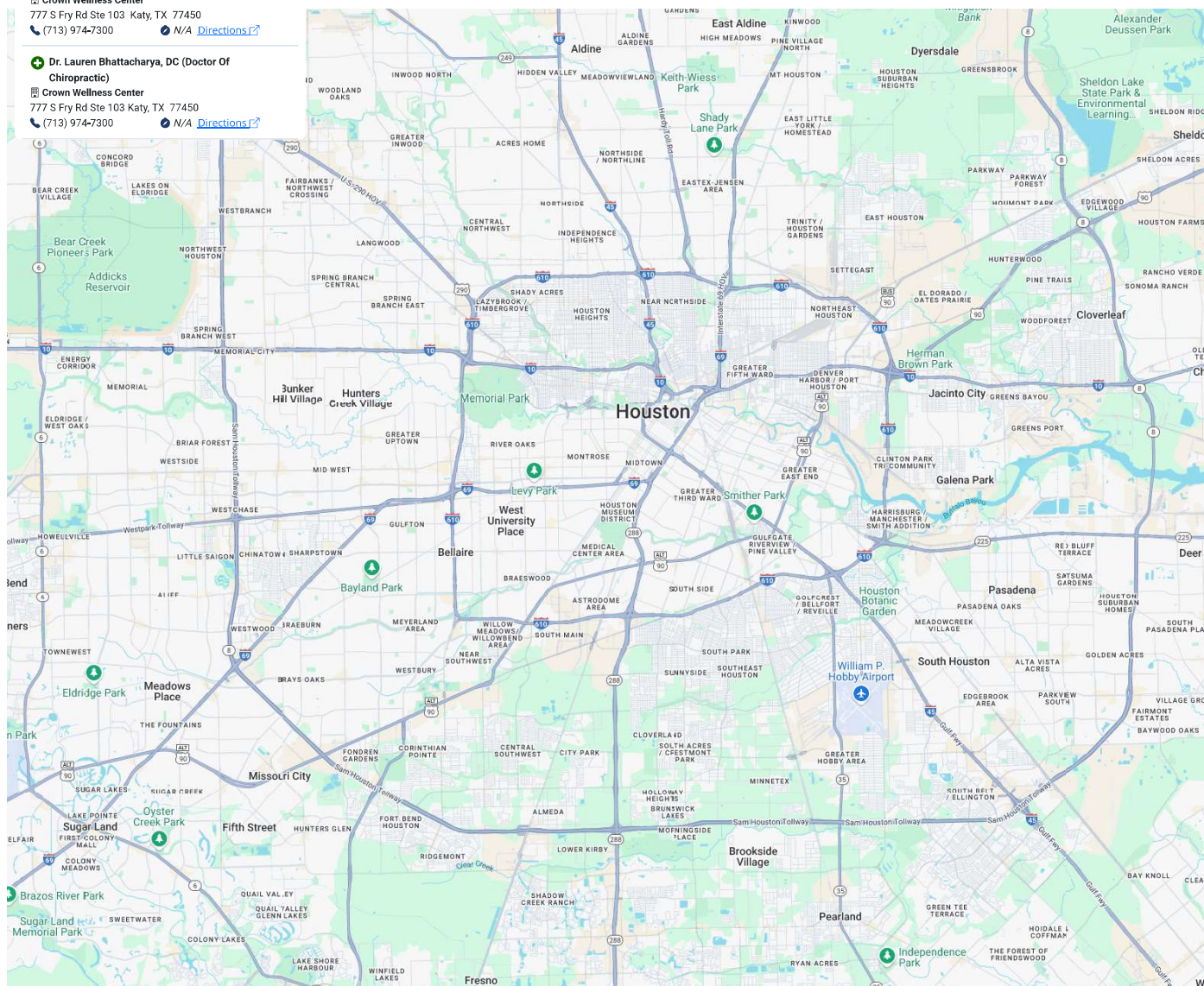
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▼	City, State or Zipcode	10	Miles
National Registry Number 9965295334		Business Name	
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Crown Wellness Center
777 S Fry Rd Ste 103 Katy, TX 77450
(713) 974-7300 N/A [Directions](#)

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777 S Fry Rd Ste 103 Katy, TX 77450
(713) 974-7300 N/A [Directions](#)





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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

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Form 1001-10/2023

Medical Examiner's Certificate
The Universal State Medical Examination

I certify that I have examined Last Name: **SMITH** First Name: **EMANUEL** in accordance with applicable state laws.

☒ I am a Federal Motor Carrier Safety Regulations (FMCSRs) 391.23, 391.25, 391.27 and, with knowledge of the driving duties, find this person to qualify and, if applicable, only when driving on that class of vehicle.

☐ I find this person to qualify and, if applicable, only when driving on that class of vehicle.

☐ Missing correction lenses ☐ Accompanied by a _____ independent physician ☐ Driving with a placard indicating zero (0) FMCSRs 391.23, 391.25, 391.27

☐ Missing hearing aid ☐ Accompanied by a (S) Performance Evaluation (SPE) Certificate ☐ Qualified by operation of (S) FMCSRs 391.23, 391.25, 391.27

☐ Qualified based on State requirements (SPE)

The information I have provided regarding this physical examination is true and complete. I complete Medical Examination Report Form, 1001-10/2023, with any attachments, submitted by facilities voluntarily and correctly, and to be filed in my office.

10/19/2025

Medical Examiner's Signature: *Lauren Bhattacharya* Medical Examiner's Telephone Number: **713-974-7300** State Certificate Number: **10/19/2023**

Medical Examiner's Name (print name or title): **LAUREN BHATTACHARYA, D.C.** ☐ MD ☐ Physician Assistant ☐ Advanced Practitioner

Medical Examiner's State License or Registration Number: **11272** ☐ DO ☒ Chiropractor ☐ Other Practitioner (Specify):

Issuing State: **TX** National Provider Identifier: **9965295334**

Driver's Signature: *[Signature]* Driver's License Number: **46083078** Issuing State/Province: **TEXAS**

Address: **5655 Glenmont Dr** City: **Houston** State/Province: **TEXAS** ZIP Code: **77081** ☒ Yes ☐ No

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Rev. 10/1/2023