

Signature of Medical Examiner

[Signature]

M.E. Telephone NO.

863-293-0040

Date Signed

12/5/2022

Medical Examiner's Name (print)

Norlyn Fronter

☐ MD

☒ Chiropractor

☐ DO

☐ APN Nurse

☐ Physician Assistant

☐ Other

M.E. State License, Cert. or Regis. #

CH11795

National Registry Number

4320039395

Issuing State

FL

Signature of Driver

[Signature]

Driver's License NO.

A223 00078021 0

Issuing State

Address of Driver

7805 US Hwy 98N Lot 51

City

Lakeford

State

FL

ZIP

33809

Medical Certificate Expiration Date

12/4/2024

CLP/CDL Applicant/Holder

☒ YES

☐ NO



 **Dr. Marilyn Frontera Vargas**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
Advanced Spine & Wellness

Address
1012 6th St NW Winter Haven, FL 33881

Hours of Operation
-

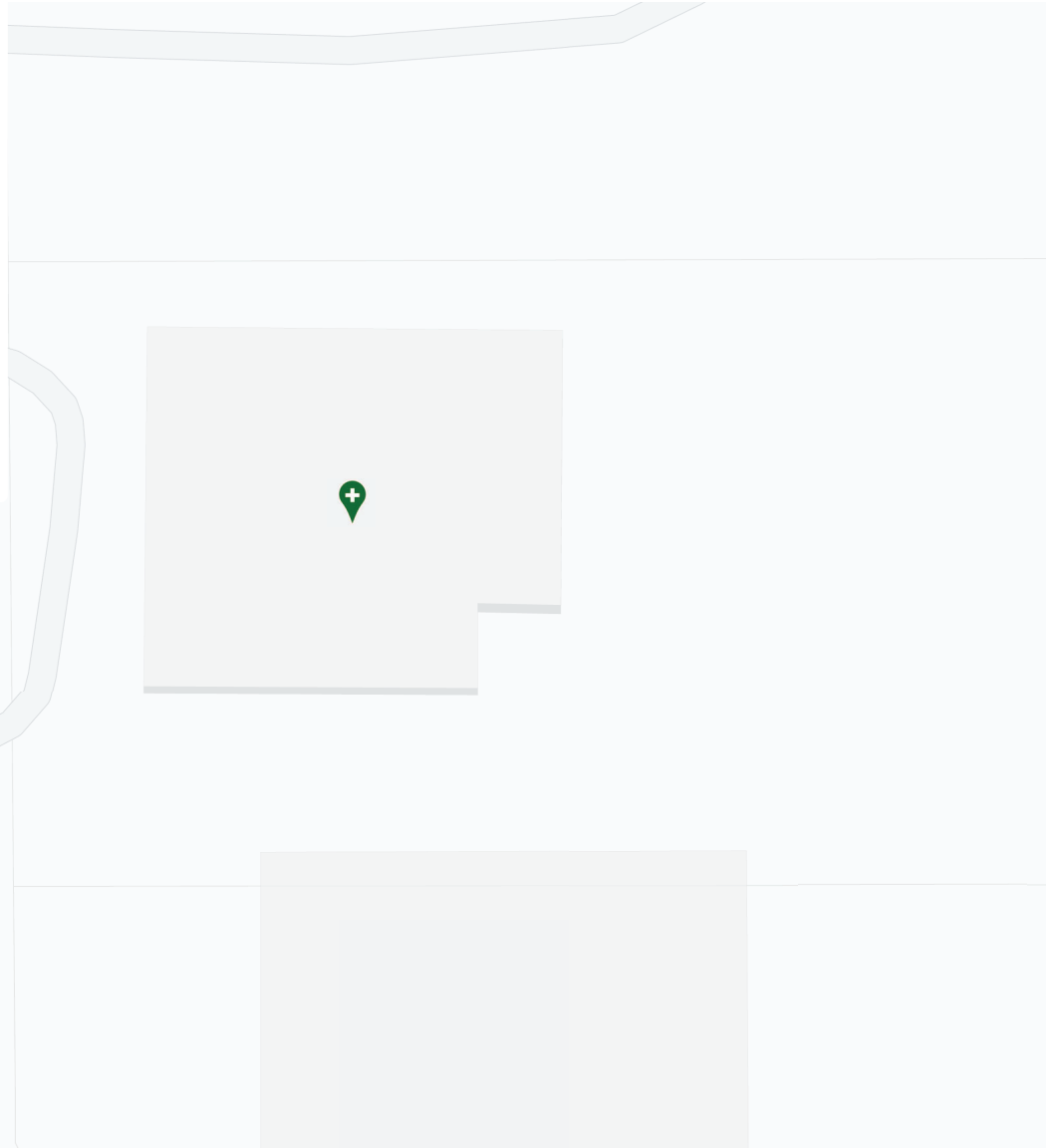
National Registry Number **Certification Date**
4320039395 02/10/2020

Distance **Business Phone**
N/A (863) 293-0040

Business Fax Number
-

Business Email
fronterachiro@gmail.com

Business Website
<https://www.polkaccidentinjury.com/>



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