

DEPARTMENT OF HUMAN SERVICES



STATE OF MAINE

THIS IS TO CERTIFY THAT _____ NorDx _____ is hereby

Licensed to maintain and operate a _____ Medical Laboratory _____

to be known as _____ NorDx - Plastic and Hand Surgical Associates _____

located at _____ 244 Western Avenue _____ in _____ South Portland _____, Maine
with the laboratory to provide testing in the following specialties:

Pathology (Histopathology - Frozen Section only)

Name of Director _____ Michael Jones, M.D. _____

This license is issued under authority of 22 M.R.S.A., Section _____ §2011 et seq. _____, and remains in effect
subject to compliance with the provisions of the said Title and the regulations of the Department adopted thereunder, effective

from _____ August 1, 2022 _____ to _____ July 31, 2025 _____

Issued _____ August 1, 2022 _____

Jeanne M. Lambrew

License No: **MEDLC030**

Jeanne M. Lambrew, Commissioner