



Ohio State Dental Board
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Columbus, Ohio 43215-6135

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(614) 752-8995 Fax
Dental.Ohio.Gov

Medical Report

***MEDICAL REPORT**

I, , a duly licensed physician/nurse practitioner in the

Physician/Nurse Practitioner

state of , have this day examined , and

State

Name of Applicant

my medical examination reveals that to the best of my knowledge, the applicant is not dependent on narcotic drugs or alcohol. Moreover, I find that the applicant has no physical or mental **DISABILITIES**

except: . The examination was made in ,

Medical Condition/ N/A

City

state of , on

State

DATE

Signature of physician:

Options for Medical Report

1. *The above portion of the application must be completed, signed and dated. **VOID after 6 months.**
2. Certification Letter from physician stating the same information as above.