



Ohio State Dental Board  
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Columbus, Ohio 43215-6135

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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.