



Ohio State Dental Board
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Columbus, Ohio 43215-6135

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Dental.Ohio.Gov

Medical Report

***MEDICAL REPORT**

I, , a duly licensed Physician, PA, or NP in the
Physician/Physician Assistant/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, PA, or NP

Medical Office Stamp
If applicable

Examination must have been completed within 6 months of application date.