

# West Virginia Board of Dentistry

## Physician's Statement

This form is to be completed by your healthcare provider. You do not have to submit this at the time of application, but your license will not be issued until the Physician's Statement is received.

I, \_\_\_\_\_, a duly licensed physician of the  
(Physician's name)

State of \_\_\_\_\_, have this day examined

\_\_\_\_\_. The applicant herein, and my medical examination reveals that such applicant is free from all infectious, malignant, and contagious diseases, and such applicant is in sound and good health.

Examination made in \_\_\_\_\_, State  
(City)

of \_\_\_\_\_, on the \_\_\_\_\_ day of  
(State)

\_\_\_\_\_, 20\_\_\_\_.

---

Physician's Signature

West Virginia Board of Dentistry  
PO Box 1447  
Crab Orchard, WV 25827-1447

[wvdentalboard@wvdentalboard.org](mailto:wvdentalboard@wvdentalboard.org)