

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
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