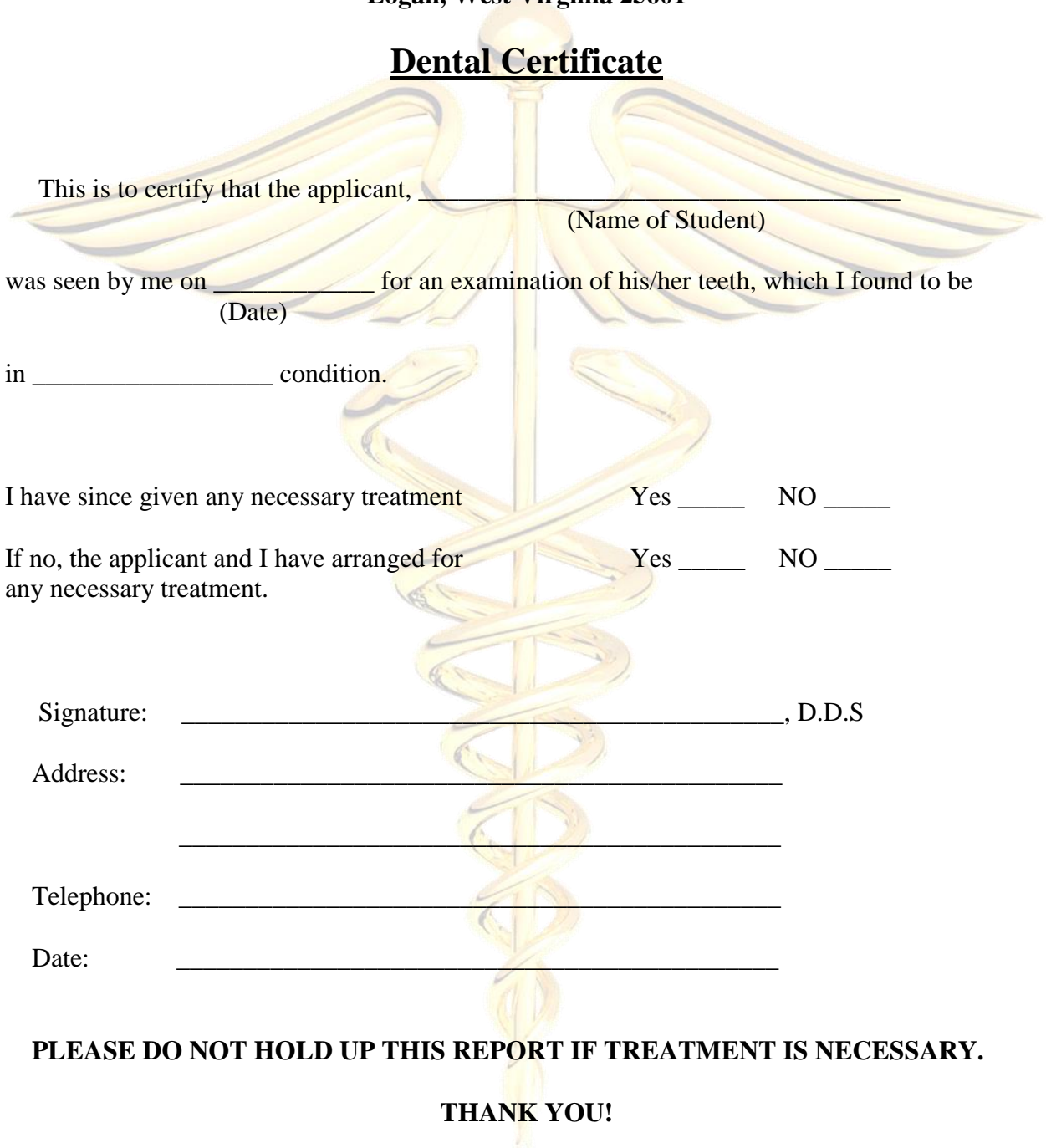


Ralph R Willis Career and Technical Center
School of Practical Nursing
144 Vocational Road
P.O. Box 1747
Logan, West Virginia 25601

Dental Certificate



This is to certify that the applicant, _____
(Name of Student)
was seen by me on _____ for an examination of his/her teeth, which I found to be
(Date)
in _____ condition.

I have since given any necessary treatment Yes _____ NO _____

If no, the applicant and I have arranged for any necessary treatment. Yes _____ NO _____

Signature: _____, D.D.S

Address: _____

Telephone: _____

Date: _____

PLEASE DO NOT HOLD UP THIS REPORT IF TREATMENT IS NECESSARY.

THANK YOU!