

VCTC Practical Nursing Program
Dental Statement

49 Hornet Rd Fishersville VA 22939
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Deadra Boyd, RN, BSN
Program Director

This is to certify that the practical nursing school applicant:

_____ (name)

was seen on _____ date) for an examination of his/her teeth,

which were found to be in _____ condition.

If a treatment plan is needed; it will consist of the following:

DDS Name: (Printed) _____ Date _____

Signature: _____

Office Address: _____

Office Phone Number: _____