
Certificate of Oral Health

I, _____, a duly qualified practitioner licensed in British Columbia, hereby certify:

That on _____, 20____, I inspected the oral cavity of _____, of _____, B.C.

That the oral cavity and the associated structures and tissues are in a fit and proper condition for the insertion of full (upper and/or lower dentures).

This certificate is valid for 28 days from the date of signature unless shortened for the reasons indicated below.

Dated at _____, B.C. this _____ day of _____, 20____.

Signature of Practitioner

Licensing Body _____ Registration # _____
