



# Oklahoma Board of Dentistry

Address List Request Form  
\$75 per List Request

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Which type of List are you requesting? Please circle the list you need below:

**\*Dentist   \*Dental Hygienist   \*Dental Assistant**

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Name of Person Making Request (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Apartment/Unit #

City

State

ZIP Code

**Daytime Phone Number:** \_\_\_\_\_

Company you are affiliated with \_\_\_\_\_

E-Mail Address to Send the list to: \_\_\_\_\_

The list will be sent in an excel format via email; they are sent typically within one week of receiving the request but can be up to two weeks. Please note this list contains: Names, License Information, Disciplinary Information, and Public Correspondence Address only. We **will not release** any E-Mail Addresses, Phone Numbers, Social Security Numbers, or Educational Information.

**Fee: \$75.00 Per List Request paid by check, money order, or cashier check   DO NOT SEND CASH**

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