

OKLAHOMA BOARD OF DENTISTRY  
2920 N Lincoln, Blvd., Ste B  
OKLAHOMA CITY, OK 73105



## DENTAL DISPENSING PERMIT

Name \_\_\_\_\_ License # \_\_\_\_\_ Specialty # \_\_\_\_\_

Dispensing Location \_\_\_\_\_  
Address City State Zip

Name of Business  
for Dispensing Location: \_\_\_\_\_

Dispensing Location Phone Number \_\_\_\_\_

Email \_\_\_\_\_

1. Are you a Medicaid (Soonercare) or Medicare Provider? Yes \_\_\_\_\_ No \_\_\_\_\_ NPI # \_\_\_\_\_

2. DEA #(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ EXP Date \_\_\_\_\_

3. OBN # \_\_\_\_\_ EXP Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date