



Facsimile Nomination Card
Fax to: + 877-898-1097 (outside the U.S.)
1-877-898-1097 (in the U.S.)

Delta Dental would like to contact your dentist to encourage him or her to participate in the Delta Dental program. We will make every effort to contact your dentist and enlist his/her participation, but we need the following information first.

- We're asking you to **FILL OUT THE FORM BELOW** with the requested information
- Your Dentist's Name _____
Office Street Address _____
City, State, Zip _____
Phone (if known) _____
E-mail address (if known) _____

- Finally, **RETURN THIS ENTIRE FORM** via facsimile to Network Department, Delta Dental at + 877-898-1097 (outside the U.S.) or 1-877-898-1097 (in the U.S.). The Delta Dental staff will contact your dentist to encourage their participation in the program.

Or

SEND AN E-MAIL with the requested information to dentistnomination@deltadentalmn.org

- Your Dentist's Name _____
Office Street Address _____
City, State, Zip _____
Phone (if known) _____
E-mail address (if known) _____

+ Dial the country code of the country you are calling from (i.e., 00 is Switzerland) followed by the remaining numbers.