



## NOMINATE YOUR DENTIST FOR DELTA DENTAL MEMBERSHIP

If your dentist is not currently participating in a Delta Dental network, we would be happy to contact him or her for participation. Please fax or e-mail the following information to us.

Dentist Name: \_\_\_\_\_

Dentist Mailing/Street Address: \_\_\_\_\_

Dentist City, State Zip Code: \_\_\_\_\_

Dentist Phone Number: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Phone Number: (    ) \_\_\_\_\_

Your Company's Name: \_\_\_\_\_

My name can be used when contacting the dentist       yes     no

Fax: 651-406-5941

E-Mail: [DentistNomination@DeltaDentalMN.org](mailto:DentistNomination@DeltaDentalMN.org)