



**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