

## Order Form for Mailing Lists

*I would like to order the following:*

- |   |  |
|---|--|
| <input type="checkbox"/> All dentists licensed by NC        | <input type="checkbox"/> All dental hygienists licensed by NC        |
| <input type="checkbox"/> All licensed dentists living in NC | <input type="checkbox"/> All licensed dental hygienists living in NC |
| <input type="checkbox"/> Active dentists living in NC       | <input type="checkbox"/> Active dental hygienists living in NC       |
| <input type="checkbox"/> All active dentists licensed by NC | <input type="checkbox"/> All active dental hygienists licensed by NC |

**Besides names and mailing addresses I would also like the circled fields included:**

Available fields: License Number, Status, Specialty, Dental/Dental Hygiene School, Date of Graduation, Date of Licensure, Date of Expiration, Date of Renewal, Date of Reinstatement (if applicable), Date Inactive (if applicable), Active, Disciplinary Action Indicator, Type (hygienist or dentist), Class (licensee/exam or credentialing), Professional Association Number, Professional Limited Liability Company Number, Anesthesia/Sedation Permit Number, Use Anesthesia Indicator, Use Sedation Indicator, County

**PLEASE NOTE! SPECIFIC REQUESTS MAY BE NOTED ON THIS FORM AND WILL BE PROVIDED IF POSSIBLE. IF THE PROPER INFORMATION IS NOT INDICATED ON THIS FORM AT TIME OF ORDER, WE WILL NOT REPROCESS ANY REQUESTS OR RE-QUERY THE DATABASE WITHOUT ANOTHER PAYMENT OF FEES!!**

**List Format:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Excel spreadsheet (.xls)   | <input type="checkbox"/> Text tab delimited (.txt) | <input type="checkbox"/> Comma delimited (.csv) |
| <input type="checkbox"/> To receive list on CD instead of via email, please include an additional \$5.00. |  |   |

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

Enclosed is my check in the amount of \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Please print, fill out, and mail with fee to:**

Publications  
NC State Board of Dental Examiners  
2000 Perimeter Park Dr., Suite 160  
Morrisville, NC 27560

Pricing information available at <http://ncdentalboard.org/publications.htm> (Prices updated quarterly)