

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

Notary

(SEAL)

Expiration Date