

OKLAHOMA BOARD OF DENTISTRY
2920 N Lincoln, Blvd., Ste B
OKLAHOMA CITY, OK 73105



DENTAL DISPENSING PERMIT RENEWAL

Dentist Name _____

License # _____ Specialty Type _____ Specialty License # _____

Dispensing Location _____
Address City State Zip

Name of Business
for Dispensing Location: _____

Dispensing Location Phone Number () _____
(Please add additional locations to another sheet of paper)

Email _____

1. Are you a Medicaid (Soonercare) or Medicare Provider?

Yes _____ No _____ NPI # _____

2. DEA #(s) _____, _____, _____ EXP Date _____

3. OBN # _____ EXP Date _____

Signature

Date