

OKLAHOMA BOARD OF DENTISTRY  
3812 N. SANTA FE AVE., STE 300  
OKLAHOMA CITY, OK 73118



## DENTAL DISPENSING PERMIT

Name \_\_\_\_\_ License # \_\_\_\_\_ Specialty # \_\_\_\_\_

Dispensing Location \_\_\_\_\_  
Address City State Zip

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