Susan Rogers, Esq.
Executive Director

Mary Fallin
Governor

Work Authorization (Lab Book) Request Form

Fee as of July 1, 2013: $10 per book

I am requesting _____ books.

Please send to:

Dentist Name: _____

Address: _____

City, State, Zip: _____

Dentist Signature: _____ License #: _____

Please remit this form to:
Oklahoma State Board of Dentistry
2920 N Lincoln, Ste. B
OKC, OK 73105