

Order Form for Mailing Lists/Labels

I would like to order the following:

Emailed List *Labels*

- All dentists licensed by NC
- All licensed dentists living in NC
- Active dentists living in NC
- All active dentists licensed by NC

- All dental hygienists licensed by NC
- All licensed dental hygienists living in NC
- Active dental hygienists living in NC
- All active dental hygienists licensed by NC

For Lists only:

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:

- Excel spreadsheet (.xls) Text tab delimited (.txt) Comma delimited (.csv)
- 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)