



## Facsimile Nomination Card

**Fax to: + 877-898-1097 (outside the U.S.)**

**1-877-898-1097 (in the U.S.)**

**Delta Dental** would like to contact your dentist to encourage him or her to participate in the Delta Dental program. We will make every effort to contact your dentist and enlist his/her participation, but we need the following information first.

- We're asking you to **FILL OUT THE FORM BELOW** with the requested information
- Your Dentist's Name \_\_\_\_\_
- Office Street Address \_\_\_\_\_
- City, State, Zip \_\_\_\_\_
- Phone (if known) \_\_\_\_\_
- E-mail address (if known) \_\_\_\_\_

- Finally, **RETURN THIS ENTIRE FORM** via facsimile to Network Department, Delta Dental at + 877-898-1097 (outside the U.S.) or 1-877-898-1097 (in the U.S.). The Delta Dental staff will contact your dentist to encourage their participation in the program.

Or

- SEND AN E-MAIL** with the requested information to [dentistnomination@deltadentalnc.org](mailto:dentistnomination@deltadentalnc.org)
- Your Dentist's Name \_\_\_\_\_
- Office Street Address \_\_\_\_\_
- City, State, Zip \_\_\_\_\_
- Phone (if known) \_\_\_\_\_
- E-mail address (if known) \_\_\_\_\_

+ Dial the country code of the country you are calling from (i.e., 00 is Switzerland) followed by the remaining numbers.