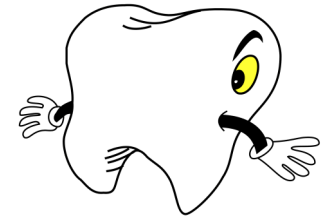


General Dentist Profile



(A separate profile is required for each provider)

Please type or print clearly - All information is required unless noted otherwise

Please note that we only require numbers and dates for License, Insurance and DEA

What is your name? _____ D.D.S. or D.M.D. Date of Birth ____/____/____

Emergency or Cell Phone Number: (____) _____ EMAIL address? _____

What Dental College did you graduate from? _____ In What Year? _____

What is your License Number? _____ State: _____ When does it expire? ____/____/20

Who is your Professional Liability Insurance Carrier? _____

What is your Policy Number? _____ When does your policy expire? ____/____/20

What is your D.E.A. Number? _____ When does it expire? ____/____/20

Name of Practice? _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any Dental Board problems that we should know about? [] Yes [] No (if yes; please use additional paper to explain)

NOTE: A yes answer to the above question DOES NOT automatically disqualify you from participation in our plan.

Skill comfort rating: On a scale of 0 -10

0- means that you DO NOT perform the procedure 10 - means that you DO perform the procedure including very difficult cases

With this in mind, please rate your comfort and skill level in the following fields:- (please circle one number for each field)

Orthodontics 0 1 2 3 4 5 6 7 8 9 10

Pedodontics 0 1 2 3 4 5 6 7 8 9 10

Endodontics 0 1 2 3 4 5 6 7 8 9 10

Prosthodontics 0 1 2 3 4 5 6 7 8 9 10

Oral Surgery 0 1 2 3 4 5 6 7 8 9 10

T.M.J. 0 1 2 3 4 5 6 7 8 9 10

Periodontics 0 1 2 3 4 5 6 7 8 9 10

Implants 0 1 2 3 4 5 6 7 8 9 10

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