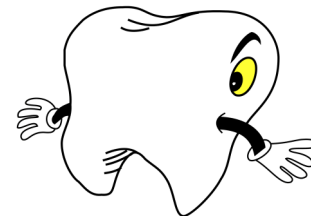


# Specialist Provider Profile



(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: (\_\_\_\_) \_\_\_\_\_ What is your EMAIL address? \_\_\_\_\_

What Dental College did you graduate from? \_\_\_\_\_ In What Year? \_\_\_\_\_

What Dental School did you receive your specialty training? \_\_\_\_\_

Are you Board Certified?  Yes  No (if yes) What year were you certified? \_\_\_\_\_ In what State \_\_\_\_\_

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 \_\_\_\_\_

What is the name of your 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.**

**What is your area of Specialty? (Check all that apply)**

- |                                       |                                      |                                       |   |
|---------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Pedodontics | <input type="checkbox"/> Endodontics  | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> T.M.J.      | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Implants       |

All information in this profile is confidential and remains the property of Savon Professional Services, Inc., and Savon Dental Plan.®  
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