

# Love your dentist, but she or he isn't in our Dentegra network yet?

**Let us know!** We'll ask your dentist to join us.

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We're sure your dentist will appreciate your recommendation.

**DENTIST'S NAME** \_\_\_\_\_

**DENTIST'S ADDRESS** \_\_\_\_\_

**DENTIST'S PHONE NUMBER** \_\_\_\_\_

**YOUR NAME** \_\_\_\_\_

**YOUR EMAIL ADDRESS** \_\_\_\_\_

Is it OK to tell your dentist that you recommended her/him?

**YES**, please do!      **NO**, let's keep it anonymous.

At your next office visit, ask your dentist if she or he decided to join Dentegra. (Visiting a Dentegra dentist can help lower your costs!)

## **SEND THIS FORM TO US**

### **By email:**

Please print and scan (or send the information requested above in an email) to:

[providerinfo@dentegra.com](mailto:providerinfo@dentegra.com).

**Or**

### **By U.S. mail:**

Print and mail this form to:  
Dentegra Network Development  
100 First Street, MS 5J  
San Francisco, CA 94105