



**ARIZONA STATE BOARD OF DENTAL EXAMINERS**

1740 W. Adams, Suite 2470 • Phoenix, Arizona 85007

Telephone (602) 242-1492 • Fax (602) 242-1445

**LIST ORDER FORM**

Lists are available as Microsoft Excel spreadsheets and are provided on CD or by email. Lists include public information: name, primary address, primary telephone number, license number, license issue date, license expiration date, dental school, date of graduation, specialty (if they have one). **PLEASE NOTE:** Social Security Number, date of birth, and email address are not public information.

**LISTS**

Whom do you want on your list? Check one

Dentists

Dental Hygienists

Denturists

How do you want the list? Check one

On CD

E-mail

**FEES (ARS § 32-1207(F))**

Dentists	List on CD or Email	\$100.00
Dental Hygienists	List on CD or Email	\$100.00
Denturists	List on CD or Email	\$5.00

**PURPOSE:**

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**SEND TO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

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**Return this completed form with a check or money order to the address above.**