



Dental provider nomination form

NOMINATION INSTRUCTIONS

Please return this completed form to your employer's human resources representative or submit directly using one of the following methods:

- Fax: 503-243-3965
- Email: dpr@odscompanies.com
- Mail: ODS
Attn: Dental Professional Relations
601 S.W. 2nd Ave.
Portland, OR 97204

SECTION 1 | *Dentist information*

Dentist name	Phone		
Address	City	State	ZIP

SECTION 2 | *Your information*

Name	Phone
ODS member ID no.	ODS group ID no.

Not all nominated providers will be eligible for participation, and/or not all will choose to participate.