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Dentist Recruitment Form

I am enrolling in the DentaQuest program and will select a DentaQuest Participating General Dentist from the list provided in order for my enrollment to be complete. My current dentist, whose name, address, and telephone number is indicated below, is not currently participating with DentaQuest. It would be appreciated if a member of DentaQuest's Provider Relations Department contacted my dentist for possible membership in DentaQuest. I will also mention to my dentist that I am now a DentaQuest member and I have given his/her name to DentaQuest to be contacted about becoming a Participating Dentist

Member Information:

Last Name		First Name		Middle Initial	
Street Address			City	State	Zip
Work Telephone Number ()		Date	Employer Name		

Dentist Information:

Last Name		First Name		Middle Initial	
Street Address			City	State	Zip
Work Telephone Number ()		<input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialists _____ <i>Area of Specialty</i>			