

OHIO STATE DENTAL BOARD

REQUEST FOR CHANGE OF INFORMATION

Change of Address *Name Change* *Employment Change*

Last name: _____ *First name:* _____

New name: _____

License number: _____ *Phone number:* _____

PREVIOUS INFORMATION

Practice / Dentist Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

NEW INFORMATION

Practice / Dentist Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

License number of employer dentist: _____

Requestor Signature

Date