

P.O. Box 919029  
 San Diego • California 92191  
 Telephone: 858. 689-0904  
 800. 334-7244  
 Fax: 858.689.9232  
 www.firstdentalhealth.com



CSR:	
Fax To:	
Email Address:	
Fax #:	
Date:	
Dentist Name:	
License#:	

# ADDITION OF OFFICE LOCATION

Please complete this form and either fax or mail it to **First Dental Health (FDH)** to the number/address noted above.

Also, please advise us if there are other dentists at this/these locations who are currently not participating in the **FDH** network.

1). Address City State Zip

Phone	Fax	TIN#	

2). Address City State Zip

Phone	Fax	TIN#	

3). Address City State Zip

Phone	Fax	TIN#	

**\*\*\*\*Please include current malpractice insert & W-9 for NEW OFFICE addition\*\*\*\***

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_ **License:** \_\_\_\_\_

**Name of Owner of Tax ID:** \_\_\_\_\_

**Signature is required to process request.**

For FDH Use Only

<b>Request by Phone</b> Date: Name: Phone:	<b>Request by Mail / Fax</b> Date: Name: Letter to be attached	<b>Data Entry</b> Effective Date: Date: Int.:	<b>New Location Packet</b> Date: Int.:
---	---	--	--