



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg A, Ste. 1 • Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

LIST REQUEST ORDER FORM

<p>Name of Person Requesting:</p> <p>_____</p> <p>Contact Telephone Number:</p> <p>(____) _____ - _____</p> <p>Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Payment Method: Master Card _____ Visa _____</p> <p style="padding-left: 150px;">Discover _____ Check _____</p> <p>Name on Credit Card: _____</p> <p>Credit Card Billing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Card Number:</p> <p>_____ - _____ - _____ - _____</p> <p>Exp. Date: _____ Security Code: _____ Amt: _____</p>
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****THERE IS A 15-BUSINESS-DAY PROCESSING PERIOD FOR ALL REQUESTS****

LIST TYPE:

Full List \$100 (per type): **Dentists** **Dental Hygienists**
 Contains all public information: name, contact information, license information, education and disciplinary information.

Partial List \$50 (per type): **Dentists** **Dental Hygienists**

Northern Nevada
 (Includes counties: Washoe, Storey, Carson City, Douglas, Lyon, Humboldt, Pershing, Churchill, Lander, Elko, Eureka and White Pine)

Southern Nevada
 (Includes counties: Mineral, Esmeralda, Nye, Lincoln & Clark)

New Licensee List (Basic contact information only; includes dentists and dental hygienists if available)

1(+) Month(s) - \$14 per month _____ # of months ordered

1 Year Subscription - \$144

Specialists only: **All Specialties \$25** **One Specialty \$14** _____

Contains all public information: name, contact information, license information, education and disciplinary information.

RETURN LIST:

By E-Mail in Excel Format to: _____

Purchasers Signature: _____

Date: _____