



Facsimile Nomination Card

Fax to: 00-877-898-1097

DeCare Dental would like to contact your dentist to encourage him or her to participate in the DeCare Dental program. We will make every effort to contact your dentist and enlist his/her participation, but we need the following information first.

- We're asking you to **FILL OUT THE FORM BELOW** with the requested information
- Your Dentist's Name _____
- Office Street Address _____
- City, State, Zip _____
- Phone (if known) _____
- E-mail address (if known) _____

- Finally, **RETURN THIS ENTIRE FORM** via facsimile to Network Department, DeCare Dental at 00-877-898-1097. The DeCare Dental staff will contact your dentist to encourage their participation in the program.

Or

- SEND AN E-MAIL** with the requested information to dentistnomination@decare.com
- Your Dentist's Name _____
- Office Street Address _____
- City, State, Zip _____
- Phone (if known) _____
- E-mail address (if known) _____