Licensees are required to report any change of address within 30 days.

CHANGE OF ADDRESS FORM

Name: _____ Phone: _____

License Number: _____

New Address:

Street _____

City _____ State _____ Zip _____

Above is: ☐ Home Address
☐ Office Address

Mail all correspondence to:

Street _____

City _____ State _____ Zip _____

Mail or Fax to:

OREGON BOARD OF DENTISTRY
1600 SW 4th Avenue, Suite 770
Portland, OR 97201-5519
Phone: (971) 673-3200
Fax: (971) 673-3202