

DATA REQUEST ORDER FORM

NAME				PHONE	
ADDRESS					
CITY		STATE		ZIP CODE	

DENTISTS

- Labels** – Name and Address Only
- Alpha Order Zip Code Order *
 - Instate Out of State Both
- List** – Name and Address Only
- Alpha Order Zip Code Order *
 - Instate Out of State Both

- CD Rom** – All Available Information
- Alpha Order Zip Code Order
 - Instate Out of State Both
- Select Format:**
- DBASE Format
 - Excel Worksheet
 - Comma Delimited, ASCII
 - Tab Delimited, ASCII

DENTAL HYGIENISTS

- Labels** – Name and Address Only
- Alpha Order Zip Code Order *
 - Instate Out of State Both
- List** – Name and Address Only
- Alpha Order Zip Code Order *
 - Instate Out of State Both

- CD Rom** – All Available Information
- Alpha Order Zip Code Order
 - Instate Out of State Both
- Select Format:**
- DBASE Format
 - Excel Worksheet
 - Comma Delimited, ASCII
 - Tab Delimited, ASCII

Signature

Date

For Office Use Only

Labels or List

Number of Dentists	_____ X \$.10/per name/address	= \$ _____
Number of Dental Hygienists	_____ X \$.10/per name/address	= \$ _____
Number of Dentists	_____ X \$.20/per name/address	= \$ _____
Number of Dental Hygienists	_____ X \$.20/per name/address	= \$ _____

CD Rom

All Dentists	\$50.00	= \$ _____
All Dental Hygienists	\$50.00	= \$ _____
All Dentists and Dental Hygienists	\$100.00	= \$ _____

TOTAL \$ _____

Note:

*If requesting specific Zip codes, please list the Zip codes, in order, on the reverse side of this form. Orders for specific ZIP codes may take longer to process.

All orders must be prepaid. Please send a copy of this form with your payment, make checks payable to the Oregon Board of Dentistry, and mail to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395