DELTA DENTAL®

DEA registration waiver for dentists

Choose the option that applies to you:

☐ I currently do not have a DEA registration. If, in the course of dental treatment, I believe the patient requires a medication that would need to be prescribed by a DEA registered professional, the following provider is licensed in Virginia and will write prescriptions for patients within my practice:

_____

Prescribing dentist first and last name

_____ _____

Prescribing dentist DEA number | Prescribing dentist license number

☐ I do not prescribe medications for the following reasons:

_____

_____

_____

DENTIST INFORMATION AND AUTHORIZATION

_____ _____

Dentist first and last name | Virginia license number

By signing below, I certify that all information contained herein is complete and accurate to the best of my knowledge.

_____ _____

Signature | Date

Return completed form to:

- **Email:** ProfessionalRelations@deltadentalva.com
- **Fax:** 540.491.9709