

# Recommend your dentist for Delta Dental membership



We'll do whatever it takes and then some.

If your dentist is not a Delta Dental dentist, we would be happy to contact him or her about contracting with Delta Dental. Please enter the information requested below and mail or fax it to us:

**Mail to:** Professional Relations  
Delta Dental of Pennsylvania  
One Delta Drive  
Mechanicsburg, PA 17055-6999

**Fax to:** Professional Relations  
Delta Dental of Pennsylvania  
717-691-6367



## Recommend your dentist for membership

Dentist's name: \_\_\_\_\_

Dentist's address: \_\_\_\_\_

Dentist's telephone number: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your company's name: \_\_\_\_\_



WE KEEP YOU SMILING®