

## DentalGuard Preferred Dentist Nomination Form

I would like to nominate my dentist for inclusion in the DentalGuard Preferred Provider Network. I understand that my name may be used when contacting my dentist to inform him/her of my desire for them to join the network. For more information, visit us online at [www.GuardianLife.com](http://www.GuardianLife.com).

DATE: \_\_\_\_\_

Employer: \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **DENTIST INFO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

Please submit completed form to:

Guardian  
DentalGuard Preferred  
P.O. Box 2465  
Spokane, WA 99210-9817

or FAX to: 509-468-6550



**GUARDIAN®**

