



### Main Dental Home Dentist Change Request Form

The purpose of this form is to allow members to select a Main Dental Home dentist.

Please enter the following information and fax to (855) 390-6431.

\*Member First Name:

\*Member Last Name:

\*Member ID:

Date of Birth  
(mm/dd/yyyy):

Contact Phone Number  
(###-###-####):

Best Time to Call:

Email Address:

This facsimile represents I have authorized DentaQuest to reassign my Main Dental Home Dentist as noted below.

\*Member Signature: \_\_\_\_\_

### Main Dentist Detail

My preferred Dental Home dentist is:

Dentist Name:

Address:

City:

Zip Code:

Phone (###-###-####):

Date of last visit to this dentist:

If services are provided on Saturday or Holiday change will be dated up to three days prior and will be dated as to **Date of last visit to this dentist.**