



DENTIST NOTICE OF ADDRESS CHANGE

PLEASE TYPE OR PRINT LEGIBLY-IN BLUE OR BLACK INK ONLY

NAME \_\_\_\_\_

LICENSE \_\_\_\_\_

FORMER ADDRESS

Office Location: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from office location)  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

No longer practices effective date: \_\_\_\_\_  
NOTE: no claims will be processed after this date

This mailing address is no longer in use as  
(date): \_\_\_\_\_

Please check one:  NEW ADDRESS  ADDITIONAL LOCATION

New Office Location: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from office location)  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Office Hours:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email [provider\\_relations@westerndental.com](mailto:provider_relations@westerndental.com) or fax 714-571-3650