



DEA Registration Waiver for Providers

Please 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 Arizona and will write prescriptions for patients within my practice:

_____ Prescribing Provider First Name

_____ Prescribing Provider Last Name

_____ Prescribing Provider DEA Number

_____ Prescribing Provider License Number

- I do not prescribe medications for the following reasons:

Dentist Information		
First Name:	Last Name:	AZ License Number:
Authorization		
By signing below, I certify that all information contained herein is complete and accurate to the best of my knowledge.		
_____ Signature	_____ Date	

- Please return completed form to:**
- **Email:** prelations@deltadentalaz.com
 - **Fax:** 602.588.3910