

Date received

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

ADVISORY OPINION REQUEST FORM

This advisory opinion request is submitted by (please attach an additional page if more than one individual is submitting this request):

Name

Address

City State ZIP

Phone number Fax number Email

If submitted on behalf of a corporation or association, please include:

Name of Entity Phone number Fax number

Address

City State ZIP

If this is a request for reconsideration of a published advisory opinion, please indicate the date of publication and topic of the opinion below and include the information required by 201 KAR 8:510 Section 5 in your attached letter.

Date of publication Topic of opinion

Return this form attached to your request for an advisory opinion to the Kentucky Board of Dentistry at the address above.