Kentucky Board of Dentistry

312 Whittington Parkway, Ste. 101, Louisville, KY 40222
(p) 502-429-7280 | (f) 502-429-7282 | (e) kbd@ky.gov | (w) dentistry. ky.gov

ADVISORY OPINION REQUEST FORM

In accordance with KRS 313.021, the Board of Dentistry is authorized to issue advisory opinions that interpret KRS Chapter 313 (Dental Practice Act) and its associated regulations. To request a formal opinion, please submit this form along with any additional documents using the mail, fax, or email information above.

This advisory opinion is requested by (include additional form for each individual making the request)**:**

Name: Last/Suffix _____ First _____ Middle _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

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

Organization Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Provide a detailed description of your advisory opinion request (or attach as a separate document)**:**

Signature _____ **Date** _____