



WREB

A National Dental and Dental Hygiene Testing Agency

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DENTAL EXAMINATION HISTORY REQUEST FORM

Date of Request: _____

Name at Time of Exam: _____ Current Name: _____

SSN#: _____ Current Address: _____

City/State/Zip: _____ Telephone: _____/_____

Most Recent Exam Date: _____ Exam Location: _____

Was This a "Section Only" Exam? Yes _____ No _____

Requested Information Will Be Sent To The Dental Board of California. Please provide the address below.

Address: _____

Please Send a **Money Order or Cashier's Check Only (made payable to WREB). NO PERSONAL CHECKS.**

_____ Dental Examination History.....\$50.00/request

Requests can only be made by the person mentioned above. By signing below, you are certifying you are that person:

If you are a 3rd party requesting information about someone's score, you must have them complete this form and sign it, or attach a Release of Information form.

Forward this Form and the Appropriate Fee to WREB at the Above Address.