

**Mail or email this completed form to**

Louisiana State Board of Dentistry  
P.O. Box 5256  
Baton Rouge, Louisiana 70821-5256  
Email: meg@lsbd.org

**DENTIST INFORMATION SHEET**

**MUST BE RETURNED TO THE BOARD OFFICE WITHIN FIVE DAYS—IF YOU DO NOT RETURN THIS SHEET, YOU WILL NOT BE ENTERED INTO THE LICENSEE DATABASE. THIS MEANS NO ONE WILL BE ABLE TO VERIFY THAT YOU HOLD A LOUISIANA DENTAL LICENSE.**

Name: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please check here if you would like to  
receive Board updates via email: ☐ Email Address: \_\_\_\_\_

Louisiana dental license no.: \_\_\_\_\_ Issue date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**TO BE COMPLETED BY ALL LICENSEES**

**If you work in more than one office, attach an additional sheet.**

Office Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Parish: \_\_\_\_\_

**TO BE COMPLETED BY ONLY THOSE LICENSEES PRACTICING IN LOUISIANA**

Name and Louisiana hygiene license number of all hygienists employed by you. Attach additional pages as necessary.

Name

License No.

**TO BE COMPLETED BY ONLY THOSE LICENSEES PRACTICING IN LOUISIANA**

Your answers to the following questions will determine your possible reporting requirements of **dispensed** controlled substances to the Prescription Monitoring Program (PMP). Please be aware of the following:

**“Administering”** is the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means.

**“Dispensing”** is the actual preparation and delivery of a controlled substance to the patient. Most dentists write prescriptions and the pharmacy then actually **dispenses** the controlled substance. Therefore, writing a prescription is **NOT** dispensing. Only those dentists who **dispense more than a forty-eight hour supply** to patients prior or subsequent to performing an actual procedure on a patient must report to the PMP.

This does **NOT** affect your ability to prescribe controlled substances. The PMP is for the reporting of **dispensed** controlled substances. If you are registered as a **dispenser**, you **MUST** report to the PMP no less than once every seven days, even if those reports are zero controlled substances dispensed.

- ☐ I **dispense** controlled substances Schedules II-V in my LOUISIANA dental practice.
- ☐ I **administer** controlled substances Schedules II-V in my LOUISIANA dental practice.
- ☐ I do not dispense or administer controlled substances Schedules II-V in my LOUISIANA dental practice.

\_\_\_\_\_  
DENTIST SIGNATURE

\_\_\_\_\_  
DATE

Information not known at the time you submit this form should be submitted when same becomes available. Failure to notify the Board of any change of office location within thirty (30) days of relocation may result in the imposition of one or more penalties set forth in R.S. 37:780 (B).