



DEA and/or DPS RELEASE FORM

I, Dr. _____, Dental License # _____ do not hold a DEA and/or DPS license for the State of _____. If I choose to activate/reactivate a DEA and/or DPS license, in the future I will notify MCNA Dental Plan within ten (10) business days of the change.

If my patients require a prescription for which a DEA/DPS is required, I have the following arrangements in place: _____

Name of prescribing provider: _____

Prescribing provider's DEA #: _____ Issue Date: _____ Exp Date: _____

Prescribing provider's DPS #: _____ Issue Date: _____ Exp Date: _____

Provider's Signature

Prescribing Provider's Signature

Print Name

Print Name

Date

Date

TX Disclaimer

All Texas providers (with the exception of Orthodontics) **MUST** obtain a DEA **and** DPS Certificate. Providers that are pending these documents and signing this release form **MUST** submit a certificate within *thirty (30) days* of the signature date above to MCNA.