BlueCross BlueShield of Texas

# Dental Supply Order Form

| Materials are for Agent's use only. | | *Quantity Requested* |
|---|---|---|
| 40110 | Rate Guide | |
| **Current Products Additional Supplies** | | ***Quantity Requested*** |
| 47638 | Outline of Coverage | |
| 47639 | Coverage Schedule Region II | |
| 47640 | Coverage Schedule Region IV | |

**Producer Number:** 0 0 0 0 **Supplies cannot be sent without Producer number.**

**Fax number:** ( ) - **Telephone number:** ( ) -

| **Mail Supplies to**: | **Producer Name:** | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Address:** | | | | | | |
| | **City:** | **TX** | 7 | | | | |

**Fax** this completed form to **(972) 766-8253** for supplies. If you need forms immediately, or forms not listed here, please log in to the Producers' Portal at http://www.bcbstx.com/producer/ for downloadable forms.