



Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor
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To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Board of the applicable profession and mail to the address listed above.

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Profession:

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Dental Hygienist

Conscious Sedation Permit

General Anesthesia Permit

License #: _____

Name of licensee or facility: _____

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(City)

(State)

(Zip)

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