



East Texas Dental Hygiene Study Club Application

Name: _____

Texas Dental Hygiene License #: _____

Mailing Address: _____

Email: _____

Phone #: () _____

Office you work in: _____

Comments:

You can also download this application from the “Referring Dentists” section at
www.pinnacleperio.com

Please mail filled out application, along with a check for \$100 payable to “Pinnacle Implants & Periodontics” to:

444 forest square, Suite A, Longview TX 75605

Attn: Tonya Leach

If you have any questions please contact the Study Club Administrator, Tonya Leach, at
tonya@pinnacleperio.com