



J.J. STANIS
& COMPANY, INC.

J.J. STANIS AND COMPANY, INC 377 OAK STREET, SUITE 406 GARDEN CITY, NY 11530
PHONE: (516) 465-3900 FAX#: (516) 465-3920 WEBSITE: WWW.JJSTANISCO.COM

NOMINATE YOUR DENTIST FORM

Please send my Dentist an invitation to consider the opportunity to join Stanis Net Plus, Inc. as a Participating Provider!

Please complete the form to Nominate Your Dentist for inclusion in our Dental Network.

Employee Information

Employee First Name: _____ *

Employee Last Name: _____ *

Employee Email: _____ *

Employee Phone: _____

Employer: _____ *

Provider Information

Dentist First Name: _____ *

Dentist Last Name: _____ *

Dental Practice Name: _____ *

Dentist Address: _____ *

City, State and Zip: _____ *

Dentist Phone: _____ *

Dentist Specialty: _____

*Required Field

Send this form back to J.J. Stanis & Company, Inc.
Attention: Provider Relations at customerservice@jjstanisco.com or fax to 516-465-3920