



WREB

A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027

Phone: 602-944-3315 • Fax: 602-371-8131

www.wreb.org

generalinfo@wreb.org

dentalinfo@wreb.org

hygieneinfo@wreb.org

SCORE REQUEST FORM

Date of Request: _____

Name at Time of Exam: _____ Current Name: _____

SSN#: _____ Current Address: _____

City/State/Zip: _____ Telephone: _____ / _____

Exam Date: _____ Candidate Number: _____
(If Known)

Exam Location: _____

Check Type of Exam you are ordering:

Dental Exam _____ Was this a "section only" exam? Yes _____ No _____

Dental Hygiene Exam _____ Anesthesia Exam _____ Restorative Exam _____

Requested Exam Information Is to Be Sent To: _____

Address: _____

Please Check Your Choice (**Money Order or Cashier's Check Only. NO PERSONAL CHECKS**):

- _____ Exam Content Explanation \$75.00/request
- _____ Detailed Scores \$30.00/request
- _____ Duplicate Success Card (exams prior to 2010) \$25.00/card
- _____ Sealed Success Report (exams from 2010 - present) \$25.00/request
- _____ Certificate of Passing \$25.00/certificate
- _____ Individual Performance Report (exams from 2004 - present) \$25.00/report
- _____ Dental Hygiene Summary Profile Sheet \$40.00/summary
(Unsuccessful candidates only)

Forward this Form and the Appropriate Fee to WREB at the Above Address.

Requests can only be made by the person who took the exam. By signing below, you are certifying you are that person. If you are a 3rd party requesting information about someone's score, you must have them complete this form and sign it, or attach a Release of Information form.
