

TRICARE Retiree Dental Program

www.trdp.org / 888-838-8737

If we can assist you in any way, please complete this action request form and fax it to your regional Marketing Representative. Contact information for your representative can be found on our web site at www.trdp.org. Or, you may fax it to the Marketing and Communications department at 916-858-0235.

Contact Information:

Name (include rank/title if applicable)

Date

Installation

Service Branch

Office Role:

Dental Clinic/CMD

HBA

Retired Activities Office

Medical

Personnel

Public Affairs

Other:

Official Mailing Address (No P.O. Boxes)

Building/Room #

City, State, Country, Postal Code

Telephone Number

Fax Number

E-mail address

Action Request:

- Please contact me to discuss how I can support the TRICARE Retiree Dental Program at my installation.
- Please contact me to discuss presentation opportunities at my installation.
- Please contact me for assistance ordering program materials such as enrollment brochures, posters, fact sheets, or videos.
- Other: