



THANK YOU FOR VOLUNTEERING FOR DONATED DENTAL SERVICES!!

Please fill out the information below and fax it back to

Brittney Ryan at 916.498.6182

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____ *County: _____

Office Phone: _____ Fax Number: _____

E-Mail: _____

Component: _____

1. Are you a: _____ General Dentist _____ Specialist

Specialty: _____

2. Is your office wheelchair accessible? _____ Yes _____ No

3. Do you have hospital(s) privileges? _____ Yes _____ No

Which hospital(s)? _____

4. Do you have a laboratory that you utilize regularly? _____ Yes _____ No

Which lab(s)? _____

5. How many patients would you agree to see in a year?

_____ 1 or 2

_____ 3 or 4

_____ 5 or more