



ADA American Dental Association®

Give Kids A Smile Day Completion Form

Dentist Name _____

Office Address _____

Office Phone Number _____ Fax _____

Time you **STARTED** seeing Kids _____ **STOPPED** _____

Number of staff participants _____

Procedures Done: (check if you did any of these procedures)

Prophys _____

Sealants _____

Extractions _____

SS Crowns _____

Fillings _____

X-rays _____

Other _____

Total dollar amount of treatment your office contributed in care for Give Kids A Smile Day \$ _____

Please return this form as soon as possible after February 6, 2009 to:

Dallas County Dental Society
Give Kids A Smile
13633 Omega Road
Dallas, Texas 75244

Be sure to look in the March / April issue of DCDS Connection to see the grand total for all the offices that participated in Give Kids A Smile!! We could not have done it without **YOU!!**