



KIDS' NET

Immediate Healthcare for Kids

Voice: (707) 544-6911 x1013 Fax: (707) 526-2918

DENTIST INVOLVEMENT AGREEMENT

As part of my professional response to the need for dental care for uninsured children in our community, I am volunteering the services I have checked below for children identified by Kids' Net.

Dentist Name: _____

First Middle Last

Office Address: _____ City: _____ Zip: _____

Office Phone: (____) _____ Fax: (____) _____ E-mail: _____

Office Contact Person: _____ Ca. Dental License Number: _____

What is your specialty? _____ Professional Liability Insurance: _____

**** (Please attach a copy of your certificate of insurance) ****

Do you have bilingual capability in your office? _____ If so, please list language: _____

May we use your name in *Kids' Net* publications? Yes No

Please check your preference of participation.

Volunteer in my own office

I will donate _____ office visits per _____ week _____ month _____ year (circle one)

I prefer to donate services to Kids' Net children who are in pain only.

I will donate services to Kids' Net children with the following dental needs:

- Cavities/fillings Scaling & Polishing Crowns Root Canals Extractions
- Sealants Bridges Implants Pulpotomy Other

I prefer to donate services to Kids' Net children who need cleaning and hygiene education only.

I can premedicate. Please specify anesthetic capabilities: _____

Other: _____

Volunteer in a Community Dental clinic. How often? _____

Participate in community education or screening events in my area (Give Kids A Smile).

Volunteer in the St. Joseph Mobile Dental Van. How often? _____

I certify that the above information is true and correct. I agree to notify the Kids' Net of changes in my license status or malpractice coverage.

Dentist Signature

Date