



136 W. Peoria Street • Pasadena, CA 91103
phone: (626)795-5166 • fax: (626)795-8154

Volunteer Dentist Involvement Form

Dentist's Information:

Name: _____
 First Middle Last

Today's Date: ____/____/____ Birthday: (Month/Day): ____/____

Group Name or other partners at same location: _____

License Number: _____

Please attach a copy of your Certificate of Liability Insurance.

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (____) _____ Office Fax: (____) _____

E-mail Address: _____

May we use your name in Young & Healthy publications? yes no

Do you have colleagues who you believe would be interested in learning more about Young & Healthy?
(name & contact info) _____

Referral Component:

What is your specialty? _____

What ages do you treat? _____

Would you like to have MediCal and/or Covered California patients referred to you? yes no

Do you have bilingual capabilities in your office? yes no Language(s): _____

When calling your office, to whom should we ask to speak? _____

Is there anything else that you would like us to know about your practice? _____

Continued on reverse side →

Treatment Component:

I am willing to offer the following treatments for Young & Healthy patients (check all that apply):

- I will provide _____ free office visit(s) per month.
Preventive/restorative office visits may include (please check all that apply):
 - _____ cleanings
 - _____ fillings
 - _____ sealants
 - _____ space maintainers
 - _____ crown prep/placement
 - _____ stainless steel crowns
 - _____ anterior/posterior extractions
 - _____ other specialty services: _____
 - _____ x-rays
 - _____ root canals
 - _____ conscious sedations (Nitrous)
 - _____ screenings
 - _____ primary tooth extractions
 - _____ wisdom teeth extractions
 - _____ CEREC
- I will provide Emergency Services Only
- I would be interested in helping with dental screenings at a school site.
- I would be happy to provide care for young adults leaving foster care.

Specific times & days of the week that you are available:

- AM** Monday Tuesday Wednesday Thursday Friday
- PM** Monday Tuesday Wednesday Thursday Friday

Education Component:

I am willing to give group lectures/participate in small group discussions with parents to help them deal with their children's health needs and I would be willing to lead a discussion session on the following topic(s):

Other staff members who would be interested in participating in educational programs: _____

Schedule Availability (check/circle all that apply)

- Monday AM/PM/Eve
- Tuesday AM/PM/Eve
- Wednesday AM/PM/Eve
- Thursday AM/PM/Eve
- Friday AM/PM/Eve
- Saturday AM/PM/Eve

As part of my professional response to the need for health care of large numbers of under and uninsured children in the greater Pasadena community, I am volunteering the services I have checked above for children identified by Young & Healthy.

Dentist's Signature: _____ **Date:** _____

Please mail, FAX or email this form to:
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,
email: info@yhpasadena.org