



SIGN-UP SHEET

Please complete this page and return it to Dental Lifeline Network using whichever method is most convenient to you:

1. **Fax to** 303-534-5290
2. **Scan and email to** administrator@DentalLifeline.org
3. **Mail to** Donated Dental Services (DDS), 1800 15th St Ste 100, Denver CO 80202-9981

Questions? Call 888-471-6334

YES! I'd like to donate my time and talents through DDS. I want to help someone who needs comprehensive dental care but cannot afford it or obtain it any other way. I understand that signing up does not obligate me to accept any cases that are referred to me, and that I will have the opportunity to preview each referral and may accept or decline with no questions asked. I also understand that I can always direct the amount and frequency of my donations through the DDS program.

Dentist Name: Last _____ First _____ Middle _____

Practice Name _____

Office Address _____

City _____ County _____

State _____ Zip _____ Cell _____

Office Phone _____ Fax _____

Email _____

I am a:

- General Dentist
 Specialist: _____

I have hospital privileges:

- Yes, at the following hospital(s): _____
 No

My office is wheelchair accessible:

- Yes
 No

I belong to the following dental organizations:

- American Dental Association
 State Dental Association
 Academy of General Dentistry
 Specialty organization: _____
 Other: _____

THANK YOU FOR YOUR TIME, ATTENTION, AND ASSISTANCE!