November 2014

Dear School Nurse:

On February 6, 2015, the Toledo Dental Society is sponsoring its twelfth annual “Give Kids a Smile Day”, an annual event initiated by the American Dental Association and endorsed by the Ohio Dental Association. On “Give Kids a Smile Day”, local dentists donate their time and expertise to treat children that do not normally have access to dental care, at no charge. The event will be hosted but the Dental Center Northwest Ohio’s Findlay Smiles Office. If the patients needs exceed what can be completed that day the child may be adopted by a local dentist to complete their treatment.

To make this a success, we need your help identifying and registering children. To register a child, the parent/guardian must complete a registration form and return it to the Dental Center of Northwest Ohio by mail or fax. OUR STAFF WILL CONTACT THE PARENT/GUARDIAN TO SCHEDULE THEIR APPOINTMENT TIME. Once again, no fees will be charged for treatment on this day!!!
Registration will run thru January 23, 2015

Enclosed are Give Kids a Smile Day flyers and registration forms. Please feel free to make copies and pass out to children that would benefit from free dental treatment on this day. Completed registration forms are to be faxed to 419-422-7665, or mailed to Dental Center Northwest Ohio, 1800 N Blanchard St, Suite 122, Findlay, OH 45840. Attention: Mickey.

Thank you for your cooperation; we look forward to a fun and exciting day. Any questions please contact Mickey or Marie at 419-422-7664.

Mickey Rockhill – Practice Manager
Give Kids a Smile Day

Friday, February 6, 2015

Dental Center of Northwest Ohio
1800 N. Blanchard St. Suite 122, Findlay, OH. 45840
FREE dental care for children 18 and under.

Sponsored by the Toledo Dental Society

Services offered:
1. Cleanings, exams, x-rays
2. Treatment (diagnoses)
   * Root Canals
   * Extractions
   * Space Maintainers
   * Fillings
   * Stainless Steel Crowns

If the patient’s needs exceed what can be completed that day, the child may be adopted by a local dentist to complete their treatment.

Please complete the registration form below and return to your school organization. Forms may be mailed (to the Dental Center address above) or faxed to 419-422-7665, Attention: Mickey. Forms must be received by January 23, 2015. Any questions please call 419-422-7664.

PLEASE PRINT CLEARLY

Child’s Name: ________________________________ Age: __________

Address: ____________________________ City: _______ State: ______ Zip: ______

Phone Number: (Home) ___________________________ Cell: __________

Do you have dental insurance? NO YES Insurance Company: ____________________________

Preferred appointment time: MORNING AFTERNOON *appointment times cannot be guaranteed

Does your child have any special needs? ____________________________

Parents printed name: ___________________________ Parent’s Signature: __________________________

Students School: ____________________________

SPACE IS LIMITED – SEND IN FORM EARLY

You will be contacted with an appointment time.