



2018 Dentist or Dental Hygienist Participation Agreement

Provider's Name: _____

We are excited to start a new year of dental care as a partner with you! Please let us know if there's anything we can do to make your participation easier and more enjoyable.

Please tell us how you would like to participate in the program this year (mark all that applies below):

- Preventive appointments (Prophylaxis, Periodontal Maintenance, FL)
- Periodontal Therapy (SRP)
- Extractions
- Fillings
- Initial Exam, FMX or Panorex and Treatment Plan
- Emergency treatment
- Root Canal Therapy (Specialist only)
- Denture(s)
- Flipper
- I will participate exactly as I did in 2017

Number of appointments available at my office per month _____

Name of dental office **contact person** we should ask for when calling: _____

All patients will be patients of record of Volunteer for Dental, not the dental office.

Please fax this back to our office at: 231.728.5160.

Thank you in advance for your generosity,

A handwritten signature in cursive script that reads "Suzanne L. Tanis".

Suzanne Tanis, RDH, BS
Program Coordinator