LOCAL ORAL HEALTH CARE INITIATIVES REPORT

Dentist's name: _____ **Phone:** _____ **City:** _____

Please tell us about an organization or initiative in your community that provides oral health care services. In your explanation, make sure you tell us about:

1. The name of the organization
2. The people who benefit from the services provided
3. The amount of care provided
4. How others can get involved

This form can be emailed or faxed to smiles@tda.org, or (512) 448-2781. Thank you!