



# Donated Orthodontic Services (DOS)

## AAO Donated Orthodontic Services Program

1800 15<sup>th</sup> Street, Suite 100 • Denver, Colorado 80202 • 866.201.5906 phone • 303.534.5290 fax

THANK YOU FOR VOLUNTEERING FOR  
DONATED ORTHODONTIC SERVICES  
(Please print)

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Office Contact Person \_\_\_\_\_

Dental License Number \_\_\_\_\_

Specialty License Number \_\_\_\_\_

Indicate membership in the following: ADA \_\_\_Yes \_\_\_No AAO: \_\_\_Yes \_\_\_No

Is your office wheelchair accessible? \_\_\_Yes \_\_\_No

Would you be willing to treat special needs patients? \_\_\_Yes \_\_\_No

How many patients a year would you be willing to treat in the DOS program? \_\_\_One \_\_\_Two

How did you become familiar with the DOS program? (check all that apply)

\_\_\_ Email blast

\_\_\_ AAO Bulletin

\_\_\_ Colleague

\_\_\_ Other \_\_\_\_\_

Name desired on recognition plaque: \_\_\_\_\_