## Access to Dental Days logo

### Dental Volunteers Needed

**Please volunteer!**

We need general dentists and specialized dentists willing to donate their skills and time by opening up their offices to see patients during ADD Events.

Volunteering is easy as a dentist you see patients in your own office and the program requires no extra paperwork for your staff. You simply treat the patient.

BFC will recruit, screen and register patients. BFC handles the logistics for the day and will x-ray and triage all patients for restorations or extractions prior to the ADD event day. BFC will also work with dental offices to help develop a patient schedule if needed. Patient charts will be delivered to your office for review prior to the ADD event day.

In addition, BFC will register all dental volunteers with the State of Virginia Division of Risk Management.

The Bradley Free Clinic’s (BFC) Access to Dental Days (ADD) program was created to provide free dental treatment to low- income residents of the Roanoke Valley, through a network of volunteer dentists that agree to see a limited number of patients in their office during designated ADD. Despite the great success of larger Mission of Mercy dental events such events were not a sustainable model of care. In addition, it was only offered once annually and often there is no other place for care the rest of the year. In 2014, BFC of the Roanoke Valley piloted “ADD”, a model that was able to provide dental services to those in need throughout the year. The ADD Events will continue to serve the same adult population former Roanoke Mission of Mercy events did. The ADD Events are coordinated by BFC’s Project Access Coordinator and Dental Coordinator.

**How Access to Dental Days Program Works**

* DDS volunteers agree to provide dental services including; any clinical staff, equipment and supplies to eligible patients during specific ADD Events in their offices
* DDS volunteers choose to do extractions, fillings or both. If you are interested in provide other dental services please indicate what services you are willing to volunteer on the dentist registration form.
* Volunteers DO NOT provide emergency services.
* Patients who are unable to have services completed will be contacted and registered for future ADD Events and seen again by participating dentists for treatment plan completion.

**To volunteer please fill out the dentist registration form and fax back to us today!**

Please note: If you are interested in volunteering your services but unable to donate space and supplies, we can make arrangements for you to volunteer in one of the local community dental clinics, please contact BFC at 540-344-4200 for more information.



DENTIST VOLUNTEER REGISTRATION

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| --- | --- |
| **Dentist Name:** | **Date:** |
| **Practice Manager/Contact Name:** | **Practice Name:** |
| **Phone Number:** | **Fax Number:** |
| **Mailing Address:** | **Practice Email** (will only be used to send program info.)**:** |
| **City:** | **State/Zip Code:** |

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| **\_\_\_\_Yes,** I would like to volunteer to participate in the Access to Dental Days Program on the following date:**\_\_\_\_** Friday, **October 9, 2015** (8AM-1PM)\_\_\_\_Friday, **February 5, 2016** (8AM-1PM)\_\_\_\_Friday**, June 24, 2016** (8AM-1PM)**Type of services you will be providing** (please check all that apply):\_\_\_\_ Extractions\_\_\_\_ Restorations\_\_\_\_ Other (please specify if you are willing to do additional services):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I agree to participate in the Access to Dental Days Program serving residents of the Roanoke Valley. I agree to see patients in my office on the event dates as indicated above. I will supply pretreatment medication for patients if needed and provide my own staff and/or dental assistants for the event. I understand that patients will be prescreened and have received a Panarex x-ray and treatment plan prior to their appointment at my office. I understand that any secondary complications will be handled by my dental office. I understand that BFC will register my Access to Dental Days participation with the Virginia Division of Risk Management as a volunteer dentist. **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For BFC Office Use Only:**Dentist registered with the Virginia Division of Risk Management:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Date)* |

**Please fax completed dentist registration forms to BFC at: 540-344-8770**