



# Give Kids a Smile Ohio Dental Services and Education Reporting Form

For sites holding multiple or on-going events, please fill out a separate form as each event concludes. Please fax this form back to the Ohio Dental Association at (614) 486-0381, email it to [kristy@oda.org](mailto:kristy@oda.org) or mail directly to the ODA, 1370 Dublin Rd., Columbus, OH 43215. If you have any questions about this form or reporting your event, call Kristy Kowalski at (614) 486-2700.



**Note:** The ODA tracks the donated dollar values of all events and uses this information in advocacy and awareness efforts. Individual event information is used internally only (as well as used to update the ADA GKAS registration site) and amounts are only reported collectively unless ODA staff contacts you for permission to publicize your individual event.

**Event/Site name (clinic, office, society):** \_\_\_\_\_

**Dentist(s) Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_ **Form completed by:** \_\_\_\_\_

**We provided:**      Dental Care Only      Education Only      Dental Care AND Education

**Total value of free dental care provided: \$** \_\_\_\_\_ **Total value of free oral health education: \$** \_\_\_\_\_

**Number of children seen:** \_\_\_\_\_ **Number of dentist volunteers:** \_\_\_\_\_

**Other volunteers:**      \_\_\_\_\_Hygienist      \_\_\_\_\_Assistant      \_\_\_\_\_EFDA  
\_\_\_\_\_Dental/Hygiene/Assisting Student      \_\_\_\_\_Other: \_\_\_\_\_

**List the number of free procedures provided during the GKAS Event:**

\_\_\_\_\_Oral Screening/Exam      \_\_\_\_\_Restoration with Filling  
\_\_\_\_\_Prophylaxis (cleaning)      \_\_\_\_\_Restoration with Crown  
\_\_\_\_\_X-rays      \_\_\_\_\_Tooth Extraction  
\_\_\_\_\_Fluoride Treatment      \_\_\_\_\_Pulpotomy/Root Canal  
\_\_\_\_\_Dental Sealants      \_\_\_\_\_Other: \_\_\_\_\_

**Number of children without health insurance:** \_\_\_\_\_

**Number of children referred for health insurance application assistance:** \_\_\_\_\_

**Number of children assigned to a dental home:** \_\_\_\_\_

**Will children be seen for free follow-up care (i.e. procedures they were identified to need during the event)?**

Yes, by our office/clinic       Yes, by other office/dentists       No

**If yes:** Estimated dollar value of the free follow-up care: \$ \_\_\_\_\_ Number of kids: \_\_\_\_\_

**NOTE:** Please report the dollar value of follow-up care once it has actually been completed to the ODA too it can be added in to your total event data. You can email the dollar value of follow-up care to [Kristy@oda.org](mailto:Kristy@oda.org). If other offices or dentists take children in from your GKAS event for free follow-up care, please ask them to do the same!