



**Dental Lifeline**  
Network • Colorado

*More than Dentistry. Life.*

1800 15th Street, Suite 100  
Denver, Colorado 80202  
Fax: 303.534.5290  
www.DentalLifeline.org

Donated Dental Services (DDS)  
Denver: 303.534.3931  
Outside Denver: 303.534.3863

Dental Housecalls  
720.287.6197

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## Sadly, GKAS isn't always enough!

**Not every GKAS patient can finish treatment in one visit.** Many patients need follow-up work, specialist attention, lab fabrications, or even orthodontics.

YOU can help **provide these kids with the comprehensive care** they need! Refer them to Donated Dental Services (DDS) so they can get additional treatment through the DDS Program—either by you, or by one of the 707 volunteer dentists in the Colorado DDS Program. DDS is operated by Dental Lifeline Network, a national humanitarian organization that partners with the ADA nationally and CDA locally to provide pro-bono care to vulnerable people.

It makes sense to refer your GKAS patients for further treatment:

- GKAS **patients automatically qualify** for DDS too
- You can **donate your services all year long** as a DDS volunteer
- You **set your own schedule** and **choose the cases you want**
- DDS patients have a **very low no-show rate**
- DDS coordinators arrange for volunteer labs to provide **cost-free lab fabrications**, and coordinate any specialty treatment with specialists you recommend
- **No extra paperwork** for you or your staff, except a 3x5 card at the end of each case

**Use the attached forms** for follow-up referrals. In just 2 steps, you can help even more!

1. Mail or fax a **Treatment Recommendation Form** to the Dental Lifeline Network office, where it will be forwarded to a DDS coordinator. Make as many referrals as needed. You can even indicate which patient(s) you want to treat yourself.
2. Give a **Follow-Up Care Notification Form** to the patient's parent or guardian, so they know how to contact a DDS coordinator. There is no cost to the patient for treatment through DDS.

**THANKS for your service**—and for making it possible for your patients to get the follow-up care they need through DDS. You get the satisfaction of helping even more, and can also be confident that **your patients' oral health can be fully restored** despite the complexity of their needs.

### REFER YOUR PATIENT(S) FOR FOLLOW-UP CARE!

**Complete and return RECOMMENDATION forms to:**

Amalia Briones  
Dental Lifeline Network  
(303) 534-5290 fax  
1800 15<sup>th</sup> Street, Suite 100  
Denver, CO 80202

**Give NOTIFICATION forms to the patient's parent/guardian**

Questions? Call (720) 287-6192  
www.dentallifeline.org

*Dental Lifeline Network - Colorado (formerly the Colorado Foundation of Dentistry for the Handicapped) assists dentists who want to make a difference through the Colorado Donated Dental Services (DDS) Program. Since 1985, more than \$24 million in donated treatment has been provided to over 12,000 Colorado patients through DDS.*

# FOLLOW-UP TREATMENT RECOMMENDATION FORM



Please complete this form for each child who requires more extensive dental treatment than you are able to provide through Give Kids a Smile Day. Dental Lifeline Network • Colorado has generously agreed to arrange for free follow-up care.

Referring Dentist Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Who Referred this Patient to Your Office? (PLEASE ASK THE PARENT. This information helps us contact the patient through a trusted source.) \_\_\_\_\_ Phone: \_\_\_\_\_

## Patient Contact Information:

Patient/Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Patient/Child's School, Headstart or Daycare Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Parent/Guardian Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Patient Needs Assessment (description of services recommended):

Service(s)	Tooth #(s)/Surface(s)	Additional Comments:
<input type="checkbox"/> Amalgam-one surface	_____	_____
<input type="checkbox"/> Amalgam-two surface	_____	_____
<input type="checkbox"/> Amalgam-three surface	_____	_____
<input type="checkbox"/> Resin-one surface, anterior	_____	_____
<input type="checkbox"/> Resin-two surface, anterior	_____	_____
<input type="checkbox"/> Resin-three surface, anterior	_____	_____
<input type="checkbox"/> Resin-four or more surfaces	_____	_____
<input type="checkbox"/> Prefab stainless steel crown (primary tooth)	_____	_____
<input type="checkbox"/> Prefab stainless steel crown (permanent tooth)	_____	_____
<input type="checkbox"/> Therapeutic pulpotomy	_____	_____
<input type="checkbox"/> Anterior (including final restoration)	_____	_____
<input type="checkbox"/> Bicuspid (including final restoration)	_____	_____
<input type="checkbox"/> Molar (including final restoration)	_____	_____
<input type="checkbox"/> Extraction, coronal remnants	_____	_____
<input type="checkbox"/> Extraction, erupted tooth	_____	_____
<input type="checkbox"/> Extraction, exposed root	_____	_____
<input type="checkbox"/> Other Recommendations:	_____	_____

## Follow-up Care Notification Check-list:

- ☐ I have given the parent/guardian the Follow-up Care Notification Form
- ☐ I have explained the importance of more extensive care to the parent/caregiver
- ☐ I would like to provide follow-up care for this child in my private office
- ☐ I would like info about Dental Lifeline Network • Colorado volunteer opportunities

**PLEASE RETURN THIS COMPLETED FORM TO DLN, attention: Amalia Briones**

**By FAX:** (303) 534-5290 **By MAIL:** Dental Lifeline Network • Colorado 1800 15<sup>th</sup> St., Denver, CO 80202

**Questions? CALL:** (720) 287-6192



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*Formerly the Colorado Foundation of  
Dentistry for the Handicapped*

# **YOUR CHILD'S FOLLOW-UP CARE NOTIFICATION FORM**

Dear Parent or Guardian:

Your Give Kids a Smile dentist has determined that your child needs additional dental treatment. Please call Amalia Briones at 720-287-6192 and she will talk with you about free dental care for your child through the Donated Dental Services (DDS) program. We look forward to helping your child.

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Estimado Padre o Guardian:

Su dentista del programa Give Kids a Smile ha determinado que su niño (a) necesita tratamiento dental adicional. Por favor de comunicarse con Amalia Briones al 720-287-6192 y ella hablara con usted acerca del cuidado dental gratis para su niño(a) por los servicios del programa Donated Dental Services (DDS). Esperamos poder ayudar a su niño(a).