

Give Back a Smile Case Final Report

Complete and submit this form when your Give Back a Smile (GBAS) case is completed or after the case has been declined or closed. Please include before and after photographs from your records and a bill print out listing your services and your normal fees. This bill should show a zero balance. **Complete all applicable areas of this form and mail it to: Give Back a Smile, 402 West Wilson St, Madison, WI 53703, fax to 608.222.9540 or email to, givebackasmile@aacd.com.**

Date of Case Completion: _____

Patient's Name: _____ Authorization Code: _____

Dentist's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please include digital before and after photos of patient if possible by emailing to givebackasmile@aacd.com (By submitting photos, you authorizing use by GBAS for marketing or other reasonable purposes.)

Value of Donated Services:

Your In-office Donation \$ _____

Laboratory Donation: \$ _____

Specialist Donation: \$ _____

Total Value of Donated Services: \$ _____

For donor recognition purposes, please provide the following information if applicable:

Dental Laboratory Used: _____ Laboratory Work Donated? Yes No

Number of Units Donated: _____

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Specialist Used: _____ Work Donated? Yes No

Type of Specialist: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you willing to treat another GBAS patient at this time? Yes No

If no, is there a better time to contact you? Please specify _____

Additional program comments or comments regarding your GBAS patient experience: _____

Thank you for helping to restore a life