

Give Kids A Smile® – SAMPLE Data Collection Form

Here's the kind of information we're looking for

Event Name: More Smiles for Kids

Event Location: Somewhere, USA **Event Date:** 2/6/2010

**Indicates required data fields in the GKAS Sign-up System.*

***Actual No. of Children seen:** 250 ***Actual Value of Care:** \$50,000

***Actual No. of Participating Dentists:** 6

***Actual No. of Other Volunteers by categories:**

5 Hygienists 2 School Nurses 8 Dental Assistants 3 Dental /Hygiene Students

6 Others (please specify) Program Coordinator, Parents

*List below the total number of actual free procedures administered to children during the GKAS event.

Total Actual No. Provided	PROCEDURES
<u>250</u>	Education/Oral Hygiene Instructions
<u>250</u>	Oral Screenings
<u>100</u>	Prophylaxis (cleaning)
<u>150</u>	X-rays (bitewings)
	Fluoride treatments with fluoride varnish
<u>100</u>	Fluoride treatments using gel, foam and/or rinse
	Dental sealants
<u>10</u>	Restorations with fillings
	Restorations with crowns (stainless steel)
<u>10</u>	Tooth extractions
	Pulpotomies
	Other (please specify) _____

Were children seen during the event referred for additional care?

YES NO

If yes, how many children were referred for care?

Were any children assigned to a dental home?

YES NO