

Give Kids a Smile Grant Report Form
(Please fill in all fields and submit online when completed.)

Thank you for participating in this program and helping the underserved children in Minnesota access dental care. Please email completed form to foundation@mndental.org.

Clinic name _____

Date _____

Please indicate the number of patients seen for each item below:

- infants, children and teens seen: _____
- restorative procedures done (fillings, ss crowns, etc.): _____
- extractions done: _____
- other procedures (pulpotomies, etc.): _____
- patients who had oral hygiene education: _____
- prophy's: _____
- sealants and fluoride varnishes: _____

Total value of services provided: _____

Comments: