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:		
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 \	Nork 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:		
Are you interested in donating a full mouth case for a pre-screened Give Back a Smile patient? Yes No		
Are you willing to accept denture cases? Yes No		
Are you willing to accept implant cases? Yes No		
Additional program comments or comments regarding your GBAS patient experience:		