



Comprehensive Dental Care Request Form

This form is not used to schedule extractions.

First Name: _____ Last Name: _____

Address: _____

Telephone number Home: _____ Mobile: _____

Date of birth: _____

Have you received dental care, other than extractions, at Catholic Charities in the past 3 years? YES/NO

Are you currently experiencing dental problems or pain? YES/NO

Please list any health problems: _____

Do you have a current dentist? YES/NO

Do you have your teeth cleaned at least once a year? YES/NO

If "no", how long has it been since your last cleaning? _____

Do you maintain personal oral hygiene by brushing and flossing daily? YES/NO

If "no," please explain why not? _____

Are you employed? YES/NO If yes, where? _____ For how long? _____

Do you have dental insurance or other means by which to pay for dental care? YES/NO

What is your monthly take-home income from all sources, including Social Security, disability, child support, public assistance, etc.? \$ _____

Have you visited or received care from other charitable dental clinics in the past year? YES/NO

If "yes," which ones? Please circle: Morton / Neighbor for Neighbor / Community Health Connection / TCC Hygiene program / Other (please specify) _____

How did you hear about our clinic? 211 / friend / family / internet / counselor / attorney / CC Staff / Pastor / Dentist / Other (please specify) _____

Please list family members who have been treated in our clinic? _____

Please explain the reason you are requesting assistance at this time and what type of dental care you are seeking: _____

We are happy to have the opportunity to help so many in need. We are able to do so because of the incredible donation of time and skill by volunteers (dentists, hygienists, and assistants), the hard work of our staff, and generous financial contributions by local foundations, philanthropies, and donors to Catholic Charities. However, these resources are limited.

Submitting this dental care request form to Catholic Charities does not guarantee your selection into the dental program. Each form will be reviewed upon receipt and a limited number of patients will be selected based on patient need, appointment availability, and resource availability.

You will only be notified if we are able to provide care for you. If you have not been contacted by Catholic Charities Dental Care Center within 2 months, you may submit another Dental Care Request Form. Please understand that, due to volunteer resources and other factors, there may be times when we do not actively accept new patients.

I assure that all of the information provided here is accurate and true.

Signature: _____ Date submitted: _____

I understand that Catholic Charities Dental Care Center does not keep a waiting list and that submission of this form does not guarantee treatment.

Signature: _____ Date submitted: _____

Please return this form to the Catholic Charities Dental Care Center.

In person: 2450 N. Harvard Ave., Tulsa, OK 74115

By mail: P.O. Box 580460, Tulsa, OK 74158-0460