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2010 NDA Volunteer Report

NDA would like to be able to track the number of patients seen and the dollar value of your pro bono work. If you will fill out this report and send it to us each time you do charity work or reduce your fees because of a patient's financial situation, we will be able to report more accurate information to the legislature and others concerned with access. If necessary, please feel free to eliminate any specific patient information to comply with privacy laws. If you are sending information for more than one patient, please be sure to separate the procedures by patient on the attachments. If you have any questions on the use of this form, please call Anthony at the NDA office.

ADA number: _____

Date of Service: _____

Procedures: Please attach a super bill or a computer printout of services.

Approximate value of treatment: \$_____

Approximate write-off: \$_____

This information will be consolidated and individual dentist's statistics will not be released or used to solicit volunteer work. NDA is encouraging groups that need volunteer dentistry to go through the Northern Nevada Dental Health Program and the Southern Nevada 1 Day A Year (1DAY) Program. Only use if you are volunteering outside of the 1DAY or NNDHP programs.