American Association of
Orthodontists

AAO Donated Orthodontic Services Program

1800 15th Street, Suite 100 • Denver, Colorado 80202 • 866.201.5906 phone • 303.534.5290 fax

THANK YOU FOR VOLUNTEERING FOR
DONATED ORTHODONTIC SERVICES
(Please print)

First name_____ Last Name_____

Office Address _____

City_____ State _____ Zip _____

Office Phone _____ Fax _____

Email Address _____

Office Contact Person _____

Dental License Number _____

Specialty License Number _____

Indicate membership in the following: ADA ____Yes ____No AAO: ____Yes ____No

Is your office wheelchair accessible? ____Yes ____No

Would you be willing to treat special needs patients? ____Yes ____No

How many patients a year would you be willing to treat in the DOS program? ___One ____Two

How did you become familiar with the DOS program? (check all that apply)

____ Email blast

____ AAO Bulletin

____ Colleague

____ Other _____

Name desired on recognition plaque: _____