



DENTAL LAB PARTICIPATION FORM

APA DENTAL PARTNERSHIP (APADP)

Through the APA Dental Partnership, local dentists and labs donate their time and skills to serve individuals with urgent dental needs who cannot afford the services. Those receiving help through the APA Dental Partnership also give of themselves by completing hours of volunteer community service.

INSTRUCTIONS: Please complete form and check **ALL** that apply. Fax to APADP at (907) 646-0542.

NAME OF COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

CONTACT PERSON'S NAME: _____ TITLE: _____

CONTACT PHONE: _____ FAX: _____ EMAIL: _____

___ I can provide ___ (number of) Acrylic Anterior Partials

___ I can provide ___ (number of) Other _____

___ I can provide ___ (number of) Other _____

___ I chose not to participate at this time, but you may contact me later

___ I am not interested in participating

Print Provider Name

Provider Signature

Date