

**PROJECT: Dentists Care
Quarterly Report - PDC Volunteer Dentists**

NAME OF PDC VOLUNTEER DENTIST _____ Phone _____ E-mail _____

Instructions:

Please fill in all columns and return to your dental society's Project: Dentists Care Coordinator on a quarterly basis
(Please return to PDC Coordinator by July 1or first business day).

	APRIL YEAR_____	MAY YEAR_____	JUNE YEAR_____	QUARTERLY TOTALS
Number of Ancillary Personnel treating Pro Bono patients				
Number of Volunteer Hours worked				
Number of Patients Treated Pro Bono				
Number of Children (age 0-17) treated pro bono				
Number of Adults (18 and above) treated pro bono				
Number of Children (age 0-17) treated "reduced fee."				
Number of Adults (age 18 and over) treated "reduced fee"				
Nature of Dental Services Provided				
Number of "No Shows"				
Dollar Value of All Dental Services provided				