



# Compassion Rockwood



## Dental Volunteer Information Form

### Personal Information

Name: \_\_\_\_\_ Home: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_ Cell: ( ) - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: S  M  L  XL  2XL  3XL

Where did you hear about Compassion Rockwood? \_\_\_\_\_

### Event Information

Date: Saturday, May 19, 2007

Location: Portland Lutheran School

740 SE 182<sup>nd</sup>, Gresham, Oregon

### Dental Information

Dentist  Dental Hygienist  Dental/Hygiene Student  Dental Assistant

Type:  Non-Dental Volunteer for Dental Team Specialty: \_\_\_\_\_

Licensed in Oregon: Yes  No  License Number: \_\_\_\_\_

Malpractice Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

If Student, School Name: \_\_\_\_\_

Availability:  10:00-2:00 Language(s) Spoken: \_\_\_\_\_

Other Shift Interpreters will be available as needed \_\_\_\_\_

Able to start 8:00 if given one week's notice

Not available the day of the event but able to offer free or low-cost medical care at my clinic

### Equipment and/or Staff Available for Event:

<input type="checkbox"/> Cleaning Instruments Number Available: _____	<input type="checkbox"/> Extraction Instruments Number Available: _____
<input type="checkbox"/> Restorative Instruments (Amalgams and Composites) Number Available: _____	<input type="checkbox"/> Hi-Speed/Lo-Speed Hand Pieces Number Available: _____

Curing Light

Number Available: \_\_\_\_\_

Anesthetic Equipment

Autoclave and Sterilization Supplies

Portable Dental Unit

Number Available: \_\_\_\_\_

I know of someone who may be able to

donate a portable dental unit:

\_\_\_\_\_  
\_\_\_\_\_

Gauze, Drapes and Clips

Toothbrushes

Number Available: \_\_\_\_\_

Toothpaste

Number Available: \_\_\_\_\_

Floss

Number Available: \_\_\_\_\_

Fluoride Tabs

Other:

\_\_\_\_\_  
\_\_\_\_\_

**Dentists Only:**

I am willing to perform the following:

Restorative

Extractions

Exams

Other: \_\_\_\_\_

Pulpotomies (No Complete Root Canals Will Be Performed)

Please email or fax this form to:

Compassion Rockwood

Fax: (360) 571-7768

Attn: Constant Lu, DDS

Email: constantlu@comcast.net

Thank you for your interest in serving the community of Rockwood! If you have any further questions or concerns please contact our dental coordinator:

Constant Lu, DDS

(360) 997-2559

constantlu@comcast.net