smiles for success

A Foundation of the
American Association of Women Dentists

Laboratory Reimbursement Form

Note: **THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S DENTAL RECORD**

Volunteers who are members of the AAWD will be reimbursed up to $1,500 in lab fees per patient. Non-members will be reimbursed up to $1,000 per patient. Smiles needs the original invoices mailed or faxed in order to reimburse for lab expenses.

Dr. Name (Provider): _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Patient Name: _____

Patient referal source: _____

(Name of affiliate agency associated with Smiles for Success)

Laboratory Name: _____

Address: _____

Phone Number: _____

Type of Lab Services:
Description of treatment rendered, include tooth numbers and procedure done

Removable Prosthetics

Denture _____

Partial1 _____

Fixed Prosthetics

Crown _____

Bridge _____

Other _____