



Smile, Veteran! PROGRAM APPLICATION, PART I – FOR PARTICIPATING DOCTORS

SECTION I – PARTICIPATING DOCTOR/CREDENTIALLED MEMBER INFORMATION

1. LAST NAME	FIRST NAME	MI
2. AAID/ABOI CREDENTIAL(S)		
3. OFFICE NAME & ADDRESS		
CITY	STATE	ZIP
4. OFFICE TELEPHONE NUMBER	5. ALTERNATE TELEPHONE NUMBER	6. FAX NUMBER
7. EMAIL ADDRESS		

SECTION II – VETERAN INFORMATION

8. VETERAN LAST NAME	FIRST NAME	MI
9. VETERAN DATE OF BIRTH (MM/DD/YYYY)	10. NUMBER OF YEARS IN SERVICE	

SECTION III – PATIENT NEED & TREATMENT

Chief Complaint:

Dental History of Illness:

Please include as attachments, or at end of this application, the following:

- FMX
- Pano

Extra Oral Pictures:

- Repose
- Smile
- profile

Intra Oral Pictures:

- Frontal
- Right lateral
- Left Lateral
- Maxillary Occlusal
- Mandibular Occlusal

Diagnosis:



11. Current Medical Diagnosis (ASA category):

13. Dental Diagnosis:

14. Factors affecting Treatment Plan and Treatment Outcome:

15. Why do you think the patient is an ideal candidate for the *Smile, Veteran* Program?

16. Possible Treatment Plans/Options:

17. Proposed Treatment Plan and justification:

SECTION IV – SUPPLIES & SERVICES

18a. Please list all supplies and services donated by providing doctor.

18b. Please list all supplies and services needed to complete the care beyond those donated by the provider.

19. DESCRIPTION AND BRAND OF MATERIALS NEEDED

<i>Membrane</i>	Type	Number
<i>Bone Graft</i>	Type	Number
<i>Implants</i>	Size(s)	Number
<i>Restorative</i>	Components	Number

20. DESCRIPTION OF LABORATORY SUPPORT NEEDED

21. Does the provider have a local lab (or current lab partner) arranged to donate laboratory support? Yes No



AMERICAN ACADEMY OF IMPLANT DENTISTRY FOUNDATION

Smile, Veteran!™ PROGRAM APPLICATION

PART I – FOR PARTICIPATING DOCTORS

211 E CHICAGO AVE, SUITE 1100 CHICAGO, IL 60611, USA

FAX: 312-335-9090 | TOLL-FREE: 877-335-2243 | PHONE: 312-210-8703



SECTION V – TREATMENT AGREEMENT

20. TREATMENT DESCRIPTION (ATTACH SEPARATE PAGE IF NEEDED)

[Empty box for treatment description]

21. Total Estimate of Treatment with Provider’s Usual and customary Fees.	\$
22. Estimate minus the cost of all supplies and services donated by provider	\$
23. Estimated Veteran Contribution	\$
24. Estimated costs of required laboratory services	\$
25. Estimated remaining financial deficit (line 21 – line 22, 23, & 24)	\$
26. Requested financial support from the AAIDF	\$

Please check the box to certify that your material and laboratory needs are attached to this form.

SECTION VI – APPLICANT CERTIFICATION

I certify that the information provided in Sections I, III, IV, and V is true, complete, and correct to the best of my knowledge. I certify that the cost paid by the veteran will be donated to AAIDF, or that I will have the veteran pay their portion directly to AAIDF. I agree to complete the treatment plan, including restoration, at no additional charge.

I understand that all materials and service work I have selected (or are substituted, based on availability) will be donated, including any restoration laboratory work by our partners or other chosen laboratory, unless otherwise determined reimbursable by the Committee. I agree to provide written certification of any additional donation agreement as needed. At the completion of the case (including photos, X-rays, and testimonial), I understand that I will receive a receipt for an in-kind donation equal to the case value agreement.

27a. SIGNATURE OF PROVIDER	27b. DATE
[Empty signature box]	[Empty date box]

The American Academy of Implant Dentistry Foundation (AAIDF) has partnered with our corporate sponsor ZimVie to assist veterans in financial need with their oral health with dental implants through the *Smile, Veteran!*™ Program.

Participating Doctors can use this form to apply for the *Smile, Veteran!* Program as a credentialed treatment provider. Please attach **Smile, Veteran!™ Program Application, Part II – For Veteran Patients** and return the completed application by email to foundation@aaid.com or by mail to:

American Academy of Implant Dentistry Foundation
ATTN: Lauren Ambrus, Foundation Executive Secretary
211 E Chicago Ave, Suite 1100 Chicago, IL 60611, USA