

ALPHA OMEGA DENTAL VOLUNTEER PROGRAM

Yes! I would like to participate in the JF & CS/Alpha Omega Dental Volunteer Program

NAME _____

OFFICE ADDRESS _____

NEAREST MAJOR INTERSECTION _____

OFFICE PHONE NUMBER _____

E-MAIL _____ FAX _____

PREFERRED CONTACT METHOD: PHONE ____ EMAIL ____

I AM A GENERALIST _____ SPECIALIST _____ SPECIALTY _____

ARE YOU PRESENTLY STILL TREATING A PATIENT FROM THIS PROGRAM?

YES

NO

Please, return by mail to:

Dr. Sari Hershenfield

5 Fairview Mall Drive, Suite 210

Toronto, Ontario

M2J 2Z1

OR

Fax to: AO Toronto @ 416.250.8668

OR

Scan and email to: info@atoronto.org