



Allana Smiles Foundation Phone: 888.865.7011
P.O. Box 950 Fax: 413.284.4105
Granby MA. www.allanasmiles.org

Allana Smiles Foundation– Doctor Application

Doctor Information

Name:			Degree:
Specialty:		Years in Practice:	
Office Address:			
City:	State:	Zip:	Office Phone:
Cell Phone:	Fax:	Personal Email:	
Office Email:	Website:		
Mailing Address if Different			
Who will be the contact person for your office? Name,Number,email.			

Sponsorship Information

All applicants for affiliation must be accompanied by a letter of recommendation by a sponsor. A sponsor must be a professional or patient who is affiliated with Allana Smiles. Your letter of recommendation may be used with the listing of your name on the Allana Smiles website

Sponsor Name:	Sponsor Phone:	Sponsor Email:
Relationship to sponsor:		

Please answer the following questions

1) Do you have valid license to practice dentistry?
2) What do you feel you can bring to the individuals that need the Allana Smiles Foundation?



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3) Describe your practice philosophy.

4) What do you expect to gain from your involvement with Allana Smiles?

5) What other groups, associations, etc. do you belong to?

6) Do you represent any other product, company or service? If yes, do you receive any commissions or royalties? Please explain.

Financial Commitment

7) Do you agree to see up to two patients per month at no charge for preventive and diagnostic care?

8) Do you agree to accept the Allana Smiles fee schedule or your fee schedule whichever is less for any other procedure that is clinically necessary in order for the patient to proceed/continue with Cancer treatment? (The fee schedule is set for a calendar year and is available by request)

Involvement Level

Would you like to be involved in speaking at cancer centers, schools, events ect.?

If yes, which topics would you like to discuss?



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Signature Page

Sign indicating that the information that you have provided true and accurate.

Sign _____ Print _____ Date _____

Do you give permission to the Allana Smiles Foundation to put your name and logo on our website and other marketing materials?

Yes or No (circle one)

Sign _____ Print _____ Date _____