



ALPHA OMEGA DENTAL VOLUNTEER PROGRAM

Yes, I would like to participate in the Alpha Omega Dental Volunteer Program

NAME _____

OFFICE ADDRESS _____

NEAREST MAJOR INTERSECTION _____

OFFICE PHONE NUMBER _____

E-MAIL _____ FAX _____

I AM A GENERALIST _____ SPECIALIST _____ SPECIALTY _____

ARE YOU PRESENTLY STILL TREATING A PATIENT FROM THIS PROGRAM?

YES

NO

I give Jewish Family and Child Service permission to include my name in advertising placed in the Canadian Jewish News. _____ (Please initial)

I would prefer Jewish Family and Child Service not include my name in advertising placed in the Canadian Jewish News. _____ (Please initial)

Please, Return by mail or fax to:

Dr. Daniel Pollit
1670 Dufferin Street #208
Toronto, Ontario
M6H 3M2
Fax: 416-491-0330