



# Louisiana Seals Smiles

## Provider Interest Form

Please complete and return (see instructions at bottom)

1. Your Name: \_\_\_\_\_
2. I am a ... ?  Dentist  Dental Hygienist  Dental Assistant
3. Name of the clinic where you work: \_\_\_\_\_
4. Address of clinic: \_\_\_\_\_  
\_\_\_\_\_
5. Clinic Phone number: \_\_\_\_\_
6. Clinic Fax Number: \_\_\_\_\_
7. The best phone number to reach you : \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. In general which day(s) of the week would you be available to help?  
 Mon.  Tues.  Wed.  Thurs.  Fri.

Thank you for your interest!

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*Please return this form to Sheila Hampton, Dental Sealant Coordinator*

*By mail: Department of Health and Hospitals, Office of Public Health, Oral Health Department,  
628 N. 4<sup>th</sup> Street, PO Box 3214, Bin 4, Baton Rouge, LA 70821-3214*

*By fax: 225-342-2256*

*By email: Sheila.hampton@la.gov*