



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!

Please return this form to Mechaune Butler, Dental Sealant Coordinator

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

By fax: 225-342-7804

By email: Mechaune.butler@la.gov