



**LSUHSC School of Dentistry
Community Outreach Report**

Name of Project: _____

Date & Time of event: _____

Location: _____

Contact Person: _____

Other Organizations / Partners: _____

Description of project / service provided:

Number of LSUSD Student participants: _____

Number of LSUSD Faculty participants: _____

Number of Patients served: _____

Photos* taken: _____Yes _____No

*For overview of the types of photos that would be best for publication, please contact Susannah Richard, LSUSD Creative Director at 941-8136 or srich8@lsuhsc.edu. You can also visit Susannah in her office (Adm. Bldg. Room 2213).

Please save this report and email to Jennifer K. L. Hew, RDH, MSHCM: JHew@lsuhsc.edu