

# SGT. CLINT FERRIN MEMORIAL VETERANS' CLINIC

UNLV | School of  
DENTAL  
MEDICINE

Sergeant First Class (SFC) Clint Ferrin was an American hero. He served in Bosnia, West Africa, Afghanistan, and Iraq as an Infantryman with the U.S. Army 82nd Airborne Division. During training, SFC Ferrin's front tooth was knocked out; frequent deployments, training, and lack of desire to miss work kept him from receiving proper dental treatment. Two years after the incident, he was given a removable partial denture with a fake tooth. SFC Ferrin was later killed by an IED on March 13<sup>th</sup>, 2004, in Baghdad, Iraq.

We know there are more servicemen and servicewomen out there with the same dedication to country as SFC Ferrin. Our clinic serves a variety of veterans, including members of the National Guard. Unlike active-duty troops, they do not get 100% of dental treatment covered. Most of those who join the Guard do so to help their struggling budgets; thus, the lack of 100% dental coverage persuades many of them to avoid dental treatment altogether.



## FREQUENTLY ASKED QUESTIONS

1. *My tooth hurts very badly; can I be seen for emergency care?*

If it is an emergency, please go to your nearest Emergency Room or local dentist office. If you wish to be treated at the UNLV School of Dental Medicine Emergency Clinic, please contact our office at (702)774-2400, Mon-Fri.

2. *What if I don't meet the requirements or get accepted?*

The UNLV School of Dental Medicine already reduces fees in comparison to local, private practices. You can be screened to become a patient during regular business hours at the school. Please contact our registration office at (702)774-2400, Mon-Fri.

3. *How much does treatment cost?*

Saturday treatment is complimentary.

4. *Can I get all of my dental care needs done for free?*

Yes. However, due to the ever-growing waiting list, we must limit the number of treatments Saturday Clinic patients receive to one per visit.

5. *Can I get free implants, veneers, or other cosmetic dentistry for free?*

The purpose of the clinic is to help restore our veterans' oral health. Please apply to become a regular patient at the UNLV School of Dental Medicine or see a local dentist for cosmetic dentistry.

6. *Can my spouse be eligible for free dental treatment?*

No. Complimentary treatment is for our veterans' oral healthcare needs.



### Requirements to qualify for dental care at Ferrin Memorial Veterans' Clinic:

- Income *less than* \$25,000 per year (*\*documentation required at Screening*)
- No *current* Dental Insurance
- Must be a Nevada resident
- Must be a U.S. Veteran (DD 214 or VA card)
- Dental treatment must be a teaching case

**If you meet the qualification requirements, please complete and submit ONLY the application. \*Please do NOT mail your income documentation.**

# SGT. CLINT FERRIN MEMORIAL VETERANS' CLINIC APPLICATION

Return via Fax or Mail:

or

Hand-Deliver:

UNLV School of Dental Medicine  
Attn: Veterans' Clinic  
1001 Shadow Lane, MS 7414  
Las Vegas, NV 89106  
Main: (702) 774-2461 Fax: (702) 774-2503

UNLV School of Dental Medicine  
1700 W. Charleston Blvd., Bldg. A  
Las Vegas, NV 89102

\_\_\_\_\_  
\*DOB (mm/dd/yyyy)

\*Name:  Mr.  Mrs.  Ms. \_\_\_\_\_  
First Name Last Name

\*Address: \_\_\_\_\_  
Street Apt. No. City/State Zip Code

\*Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ and/or Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Which of the following conditions apply to you? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> I have pain.                           | <input type="checkbox"/> I have bleeding gums.                            |
| <input type="checkbox"/> I have a broken/chipped tooth (teeth.) | <input type="checkbox"/> I have no teeth and need dentures.               |
| <input type="checkbox"/> I have a loose tooth (teeth.)          | <input type="checkbox"/> Other (Please explain in Comment section below.) |

\*Details:

- Are you a U.S. Veteran?  Yes  No
- Do you have dental insurance?  Yes  No Medicaid:  Yes  No
- Is your household yearly income less than \$25,000.00?  Yes  No
- Did you have a Combat Deployment?  Yes  No
- Did you have a Non-Combat Deployment?  Yes  No

**\*TELL US ABOUT YOUR SERVICE.**

\*Branch(es): \_\_\_\_\_

\*Years of Service: \_\_\_\_\_

\*Tours of Duty: \_\_\_\_\_

\*Awards/Recognition: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\*Required Information – If any section is incomplete, the application will be denied.