



www.FAIRFoundation.org

To Whom It May Concern:

The FAIR Foundation, working in conjunction with the American College of Prosthodontists, has developed a national dental plan for transplant patients.

We will attempt to provide access to pro-bono dental care to assist a qualifying transplant patient in his/her attempt to be listed, or re-listed, for transplant.

The patient must meet the following requirements to qualify for this dental assistance plan:

1. The patient must provide a signed statement which states that he/she cannot afford the needed dental treatment,
2. The patient must supply FAIR with a copy of their most recent tax return,
3. The patient must have passed all required pre-transplant tests, as performed by their transplant team, except for failure of the dental test due to existing dental disease.
4. The "Dental form for completion by transplant patient and transplant physician" must be completed and returned to the FAIR Foundation.

Should a patient meet the requirements as stated above, they may submit the required information to the FAIR Foundation (see contact information below). We will then begin the process of locating a dentist in the patient's geographic area to remove the dental disease; however we cannot guarantee that we will be able to accomplish this goal in every instance in which it is requested.

You may phone me at the number below should you have any questions.

Sincerely yours,

A handwritten signature in black ink that reads "Dr. Richard Darling, DDS". The signature is written in a cursive style.

Dr. Richard Darling, DDS: Past National Public Citizen of the Year (NASW)
President and CEO: The FAIR Foundation
Founder: The FAIR Foundation Liver Disease & Transplant Support Group
Author: Coma Life, an autobiographical memoir of survival over hepatitis C induced liver cancer, 3 liver transplants



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Dear Transplant Patient,

It has been brought to the attention of the FAIR Foundation that you need dental care to qualify for transplant. The FAIR Foundation has a dental program in conjunction with the American College of Prosthodontists that provides pro-bono dental care in some instances for patients who cannot afford the needed dental treatment.

If you would like to be considered for this program, you and your transplant team must complete the attached form and return it to us with a copy of your most recent tax return and a signed statement which states that you cannot afford the needed dental treatment. We will make every effort to locate a dentist to help you at no charge to you; however, in some instances there may be some fees that you will be required to pay. If you still opt for the treatment, those fees will be your responsibility.

God Bless,

A handwritten signature in black ink that reads "Dr. Richard Darling, DDS".

Dr. Richard Darling, DDS: Past National Public Citizen of the Year (NASW)

President and CEO: The FAIR Foundation

Founder: The FAIR Foundation Liver Disease & Transplant Support Group

Author: Coma Life, an autobiographical memoir of life "within" coma and survival over hepatitis C induced liver cancer, coma, 3 liver transplants, heart attack, diabetes & Muscular Dystrophy



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Dear Transplant Physician,

The FAIR Foundation is a national organization which, in conjunction with the American College of Prosthodontists, has assisted in providing access to pro-bono dental care for patients in need of such care to be listed, or re-listed, for transplant when the patient cannot afford such dental treatment. The patient must have completed all other UNOS required pre-transplant testing requirements for listing (cardio, etc.) prior to our being contacted for help. If a patient contacts you who meets these requirements, please complete the attached form so the patient can return it to us. We will make every effort to provide the necessary dental care, but we cannot guaranty this in all instances.

Thank you for your cooperation in this effort to help your patient and please know that you can phone me any time for more information on this transplant assistance policy.

Sincerely,

A handwritten signature in black ink that reads "Richard Darling, DDS".

Dr. Richard Darling, DDS: Past National Public Citizen of the Year (NASW)
President and CEO: The FAIR Foundation, a national organization with thousands of members and supporters whose goal is to reverse inequities in NIH research funding and to institute new organ-donor policies to reverse America's organ-donor crisis
Founder: The FAIR Foundation Liver Disease & Transplant Support Group
Author: Coma Life, an autobiographical memoir of life "within" coma and survival over hepatitis C induced liver cancer, coma, 3 liver transplants, heart attack, diabetes & MS



Dental form for completion by transplant patient and transplant physician

The following is to be completed by the transplant physician overseeing the transplant patient's care:

I am a physician working as part of a medical center and/or hospital's transplant team.

_____ is my patient and one of the following conditions exists:
Print Patient's name

- The patient is a pre-transplant patient who has passed all pre-transplant eligibility testing except dental. The patient has oral pathology that is preventing him/her from being listed for transplant as governed by UNOS criteria. It is expected that when the pathology is removed, the patient will be listed for transplant.
- The patient was listed for transplant but was removed from the waiting list due to oral pathology that has disqualified him/her from transplant. It is expected that when the pathology is removed, the patient will be re-listed for transplant.

Transplant physician's medical center/hospital: _____

Transplant physician's name PRINTED: _____

Transplant physician signature: _____

Transplant physician phone # : _____

Transplant physician email address: _____

The following must be completed by the patient and the patient must return this form to the FAIR Foundation (see contact information in footer below) along with his/her most recent tax return and a signed statement which states that the patient cannot afford the needed dental treatment.

I _____ do hereby consent to release of the above information by
Print Patient's name

my transplant physician to the FAIR Foundation. I understand that the FAIR Foundation will attempt to assist me in obtaining dental services at no cost, but that this is not guaranteed. If I agree to dental care that does require a payment, I will be responsible for any such expense.

Patient's signature Date

Patient's address (street, city and state): _____

Patient's phone # and email address: _____