

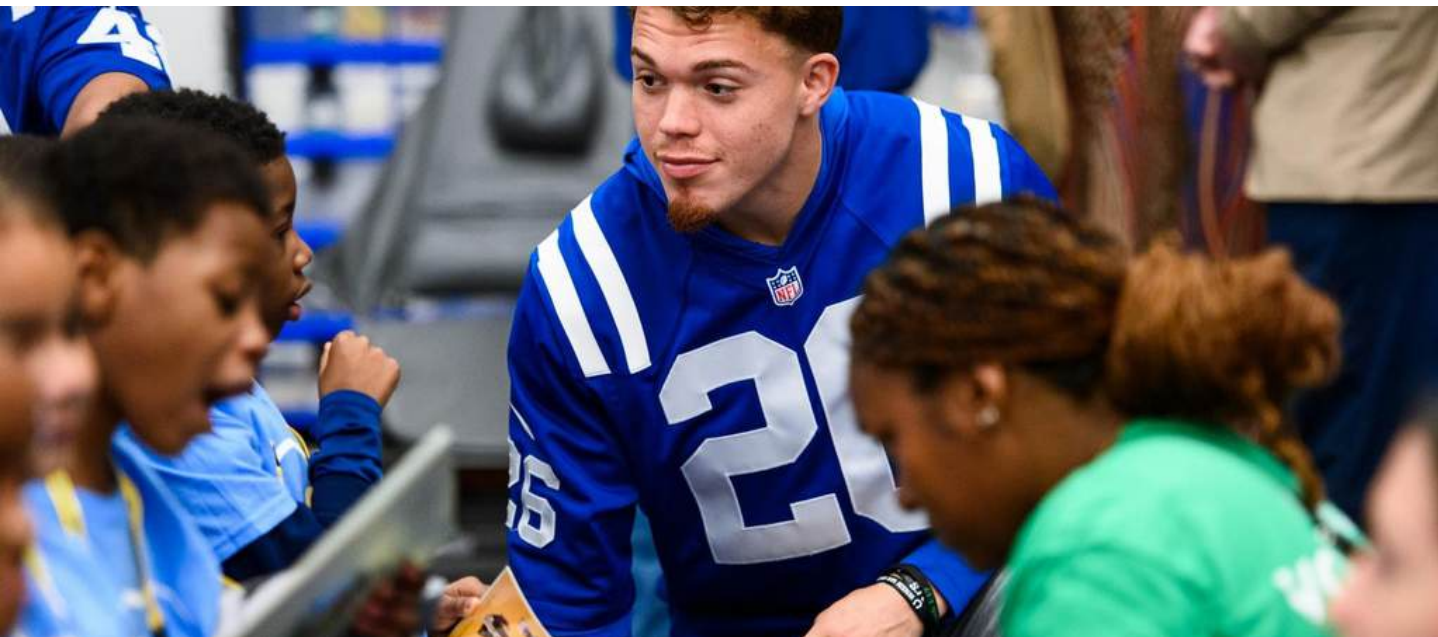


|                 |                            |
|-----------------|----------------------------|
| <b>Program</b>  | Indianapolis Colts         |
| <b>Date</b>     | October 8, 2024            |
| <b>Location</b> | Indiana Farm Bureau Center |



## AT A GLANCE

|                               |                                 |  |   |
|-------------------------------|---------------------------------|--|---|
| <b>147</b><br>Children Served | <b>118</b><br>Children Educated | <b>\$380.65</b><br>Dental Care Per Patient | <b>\$55,956</b><br>Total Dental Care Provided |
|-------------------------------|---------------------------------|--|---|



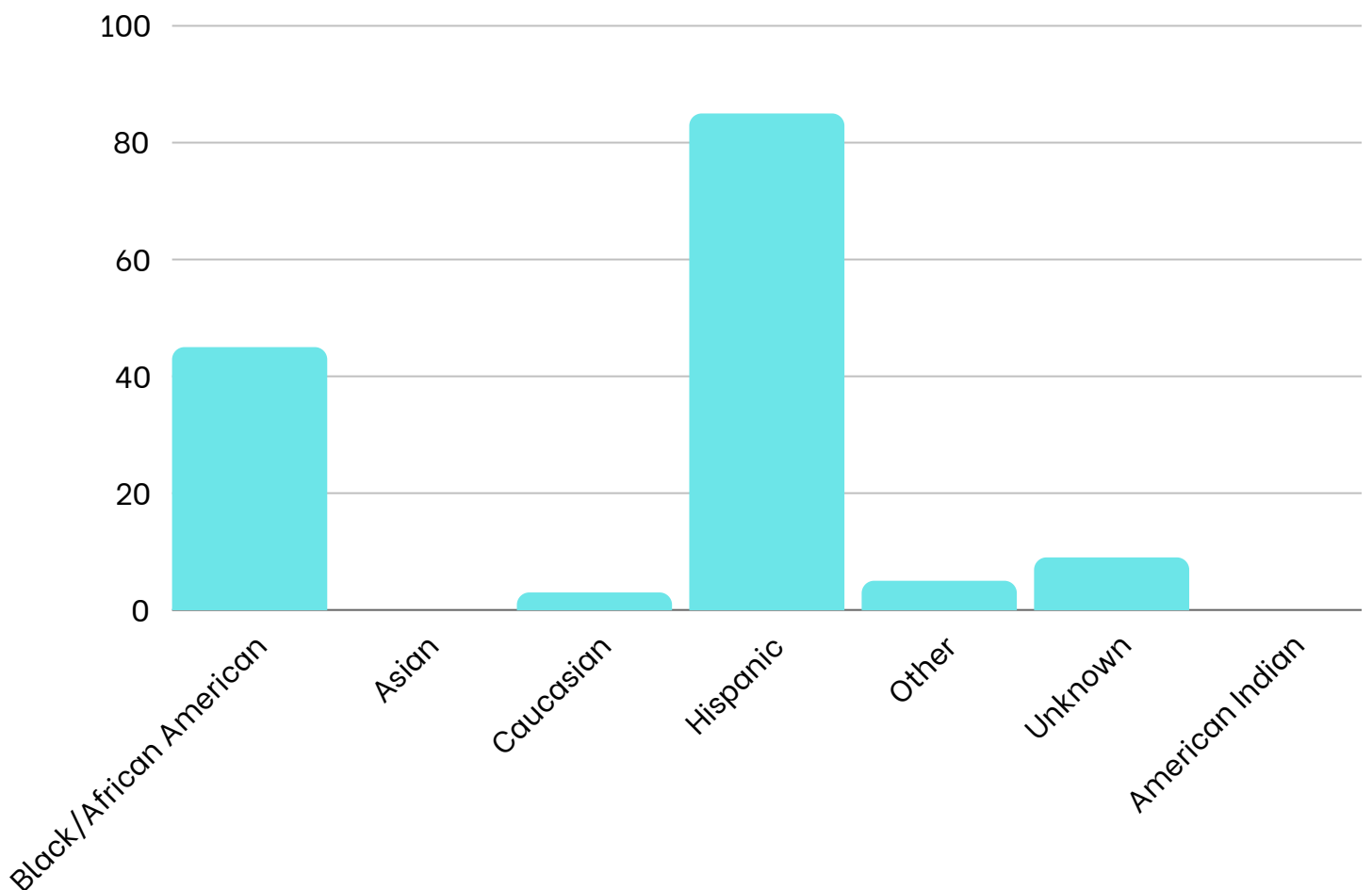
## SPONSORS

# DELTA DENTAL FOUNDATION

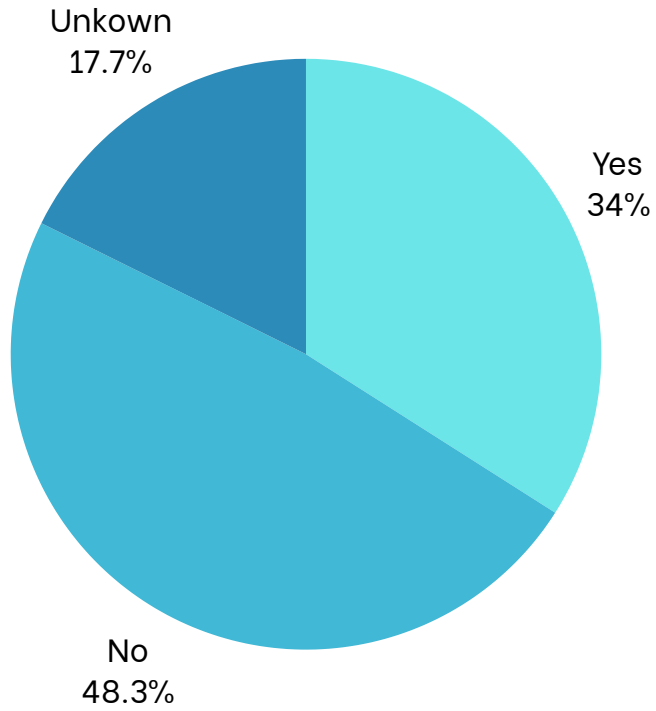


## PROGRAM STATISTICS

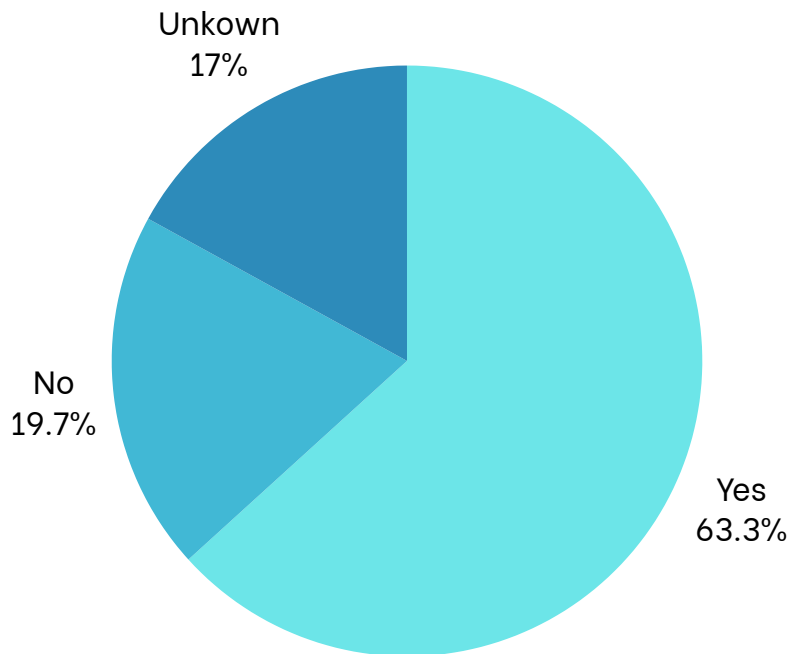
### Race/Ethnicity



# Dental Home

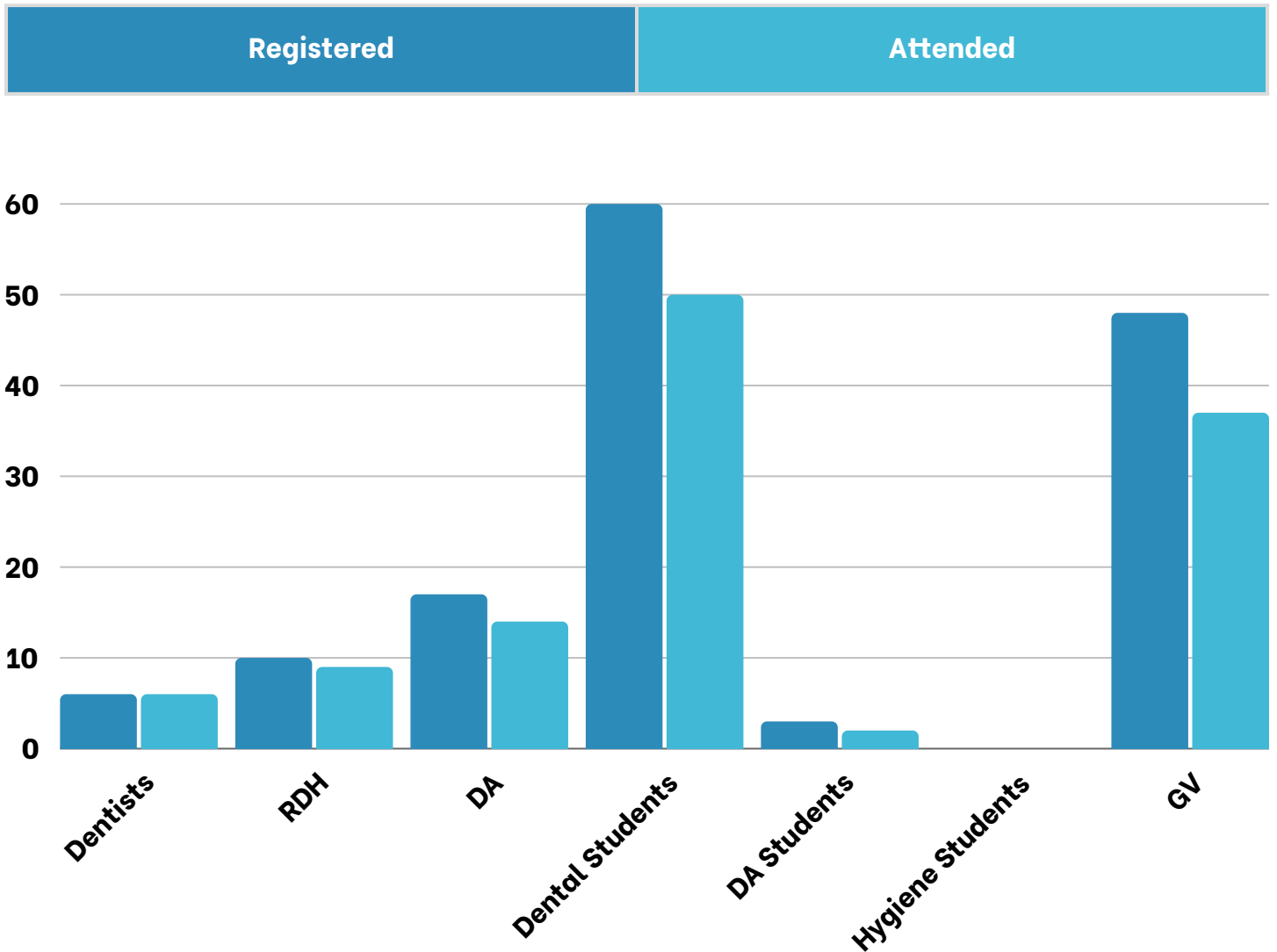


# Medicaid



**Volunteers**

Thank you to our volunteers for your time and commitment to our mission!



**82%** of the volunteers that signed up through our website attended the event.



## **Services Provided at Program**

|                                |            |
|--------------------------------|------------|
| <b>Screenings</b>              | <b>147</b> |
| <b>Oral health Education</b>   | <b>118</b> |
| <b>X-Rays - 2BW</b>            | <b>17</b>  |
| <b>X-Rays - 1PA</b>            | <b>38</b>  |
| <b>X-Rays - 2+ PA</b>          | <b>11</b>  |
| <b>Fillings - 1 surface</b>    | <b>4</b>   |
| <b>Fillings - 2 surface</b>    | <b>11</b>  |
| <b>Fillings - 3 surface</b>    | <b>8</b>   |
| <b>Fillings - 4 surface</b>    | <b>0</b>   |
| <b>Crown - Primary</b>         | <b>8</b>   |
| <b>Crown - Permanent</b>       | <b>0</b>   |
| <b>Extractions - Primary</b>   | <b>24</b>  |
| <b>Extractions - Permanent</b> | <b>0</b>   |
| <b>Pulpotomy</b>               | <b>0</b>   |
| <b>Sealant</b>                 | <b>135</b> |
| <b>SDF</b>                     | <b>47</b>  |
| <b>Prophy - under 14</b>       | <b>117</b> |
| <b>Prophy - 14 and up</b>      | <b>1</b>   |
| <b>Fluoride</b>                | <b>103</b> |

## **Summary of Services**

|   |                    |
|---|--------------------|
| <b>Dental Services</b>                  | <b>\$49,820.00</b> |
| <b>Oral Health Education</b>            | <b>\$6,136.00</b>  |
| <b>Total Value of Services Provided</b> | <b>\$55,956.00</b> |