



Baptist Mobile Health Ministry, Inc.
Ministerio de Salud Móvil Bautista, Inc.

1353 Riverstone Parkway
Suite 120-164
Canton, GA 30114



Chairperson: John D. Peacock, D.D.S. • Vice-Chairperson: Ronald Pirtle, M.D. • Secretary: Mrs. Debbie Hendrix
Treasurer: Ted C. Kandler • Baptist Mobile Dental Health Ministry Coordinator: Tom Crites

An Autonomous IRS Section 501(c)(3) Not-for-Profit Faith-based Ministry Established 1995

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Dear Professional Volunteer,

A Georgia Baptist Church or Association that is planning a medical and/or dental health fair in conjunction with the Baptist Mobile Health Ministry (BMHM) is approaching you to serve as a professional volunteer. Following you will find information regarding BMHM and the Mobile Unit that we will bring for rendering dental care. There is also information regarding medical screening equipment that we will supply for medical use.

Information regarding the Georgia Volunteer Health Care Program (GVHCP) that offers Sovereign Immunity to professionals outside of their malpractice coverage is enclosed. Not all projects offer the insurance as it is not mandatory, but if you have an interest, be sure that you mention it to the project director.

Please take time to read this information and consider being a volunteer at this health event.

The Professional Information Form should be completed and returned to our office. If you desire coverage under the GVHCP, please inform the person who is contacting you so that a packet of information can be made available for you to complete and return to the agency of the state.

Thank you for your prayerful consideration of the matter. If you would like to contact our office, please feel free to do so.

Sincerely,

Marcia McCart
Communications Coordinator
Baptist Mobile Health Ministry, Inc.

Email: marciamccart.bmhm@gmail.com

Phone: 678-776-7650



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Dear Dentist,

The Medical/Dental Unit will be equipped with most of the items used in a dental office. Our efforts during the project will be directed toward relief of pain and doing the most good for the most number of persons. Procedures done will be extractions and restoration using precapsulated amalgam and light cured composite filling materials. General surgical and operative instruments are available, but if there are items that you prefer to have while working, please bring them with you. There is a digital x-ray equipment, an x-ray processor and two autoclaves (one statim and one large) for steam sterilization on each of our three mobile units.

Some projects prefer to have a screening day, in which case the patient will be screened prior to their appointment time and will bring with them their medical history form with a section for you to record the diagnosis and treatment rendered. You are not obligated to agree with the recommendations of the dentist who did the triage. The triage is done to identify the patient's problem and to give the patient an idea of what can be done. This is a visual exam and the decision for treatment will be determined by you. Some projects prefer a screen and treat project. At those projects, the patient only comes one time and is screened and treated at the same appointment time. Generally speaking, the plan is to address the patient's most urgent need and hope that we can do so within a 40-minute time frame.

Patients in need of follow-up will need to be referred to the nearest health department unless a local area dentist has agreed to see these patients for follow-up or continued care. The BMHM Point Person on board the unit that day will have information about this process.

You will be asked by the project director to serve a shift according to the amount of time that you have said that you can be available to volunteer. We encourage you to bring your assistant, but if you cannot do that, please inform the project director so that he/she can make sure that there will be someone present to assist you. It will not be possible for BMHM personnel to do this and also carry out the tasks necessary to assure the efficiency of the project.

BMHM will provide you with a CE form to report your hours served and we appreciate all you do to help us carry out our mission.

Thank you for your willingness to serve the Lord in this mission outreach of this ministry and the organization that has sponsored this health care event.

For Him,
L. Thomas (Tom) Crites, Ed.D.
Director,
Baptist Mobile Health Ministry

Email: ltomcrites@gmail.com
Phone: 678-576-3636

**BAPTIST MOBILE HEALTH MINISTRY, INC.
PROFESSIONAL INFORMATION FORM**

Name and title _____

Address _____

City _____ State _____ Zip _____

Office phone _____ Cell phone _____

Email Address _____ Specialty: _____

Church where project is held _____

How are you interested in serving with the Baptist Mobile Health Ministry? _____

(Dentists) please circle: Left or Right-handed I provide fillings Y N Extractions Y N

How did you hear about Baptist Mobile Health Ministry? _____

Are you volunteering for a particular health event? _____ If so, which one? _____

Georgia License Number _____ Expiration Date _____

DEA Number _____ Expiration Date _____

Malpractice Carrier: _____

Policy number: _____ Expiration Date _____

The Baptist Mobile Health Ministry, Inc. Board of Directors would like to thank you for your willingness to be a part of this ministry. Our team members look forward to working with you.

“In as much as ye have done it to the least of these, my brothers, you have done it unto me.”

Matthew 25:40 KJV

Please email to Marcia McCart: marciamccart.bmhm@gmail.com

678-776-7650

Updated by Marcia McCart 04/14/26

A Cooperative effort between the Georgia Baptist Healthcare Foundation, grants, and gifts from churches and individuals enable us to partner together in fulfilling the Great Commission
