

Smile for a Lifetime Application Form

Please check the box indicating each additional piece of information is included:

- General Dentist Form
 Two Letters of Reference
 Copy of Report Card or Transcrip
 Headshot
 Applicant Questionnaire

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M/F
 School Name: _____ Current Grade Average: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Email: _____ Phone: _____
 Name of Dentist: _____ Date of Last Visit: _____
 Is the applicant of special needs or require special medical care? (Circle One) Yes No
 If yes, please provide additional information: _____

Has the applicant received prior orthodontic services? (Circle One) Yes No

If yes, please name the Dr who gave care and what services: _____

of times applicant applied to Smile for a Lifetime: _____

Parent/Guardian Information

1. Parent/Guardian Name: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Email: _____ Phone: _____
 Employer: _____ Work Phone: _____
 Average Income: _____ # of Family Members: _____

2. Parent/Guardian Name: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Email: _____ Phone: _____
 Employer: _____ Work Phone: _____
 Average Income: _____ # of Family Members: _____

Insurance:

Is the applicant covered by dental insurance? Yes No

Insurance: _____ Policy #: _____

References:

1. Name _____ Phone: _____
 1. Name _____ Phone: _____