



Smile For a Lifetime Stone Oak Orthodontics

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 Transcript
 Headshot Applicant Questionnaire

Applicant Information

Applicant's Name: _____ Age: _____ DOB: _____ M/F
 School Name: _____ Current GPA: _____ Average GPA: _____
 Address: _____
 City: _____ State: _____ Zip 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 serves? (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: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____
 Employer: _____ Work Phone: _____
 Average Income: _____ # of Family Members: _____

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

Insurance:

Does the applicant qualify for CHIP - Children's Medicaid? Yes No
 Is the applicant covered by dental insurance? Yes No
 Insurance: _____ Policy #: _____

References:

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