

Smile For Lifetime – Southern New Hampshire Application

Application must include the following:

_____ A completed candidate's statement

_____ A dentist's statement FAXed or mailed directly to the committee by the dental office (be sure to write your name on the form prior to giving to the dentist)

_____ A Letter of Recommendation from a school official (teacher, guidance counselor, coach, etc) FAXed or mailed directly to the committee (be sure to write your name on the form prior to giving to the school official)

_____ A 5x7 or 4x6 photo of the applicant with a full smile and teeth showing (attach to your candidate's statement)

CANDIDATE'S STATEMENT

(To be completed by the candidate & parent)

Applicant's Name: _____

Applicant's Age: _____ Sex: _____

School: _____ Grade: _____

Annual Income: _____ Are you eligible for Healthy Kids? Y / N

Parent/Guardian's Name: _____

Address: _____

Phone: _____ (home) _____ (work) _____ (cell)

For the guardian: Why are you applying to Smile 4 Life for orthodontic treatment for your child? (limit your answer to the space below)

For the Child Applicant: What would a healthy and beautiful smile mean to you? (limit your answer to the space below)

Mail to: Anne Todd Orthodontics
49 Derry Street
Hudson, NH 03051

DENTAL OFFICE STATEMENT

Your patient is applying to the Southern NH chapter of Smile 4 Life (www.s4l.org) for a free orthodontic treatment provided by Dr. Anne Todd. Please complete the following and FAX or mail to:

Anne Todd Orthodontics
49 Derry Street
Hudson, NH 03051
FAX 603-889-1007

Applicant's Name: _____

Date of Last Dental Visit: _____

Treatment provided at last visit: _____

If this candidate is awarded free orthodontic treatment, is there any treatment to be completed prior to orthodontic appliances being placed?

Any additional information we should know about this candidate?
(hygiene, cooperation, parent support, broken appointments, etc)

Dentist's Name: _____

Signature: _____

