

HARRINGTON ORTHODONTICS - APPLICATION FORM

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

General Dentist Form
 Headshot

Two Letters of Reference
 Applicant Questionnaire

Copy of Report Card or Transcript

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 Medicaid? Yes No
 Is the applicant covered by dental insurance? Yes No
 Insurance: _____ Policy #: _____

References:

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

How did you hear about Smile for a Lifetime (please circle or write in your answer)?

Internet Search	Family	Friend	Dentist/Orthodontist	Boys & Girls Club	State Office	Other: (Please Specify)
Television	Magazine	Radio	Newspaper	CASA	Internet Ad	

