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Application for 2009 "Patient Smile Makeover"

We will begin taking applications/nominations** for the 2009 makeover in January. The winner will be announced/contacted in October. You may apply yourself or you may nominate someone you think is deserving.

Patient Name: _____

DOB: _____

Address: _____

Home Phone#: _____

Cell#: _____

Work#: _____

Employer: _____

Employer Address: _____

Employer City, State & Zip: _____

Reason why you (or nominee) should be chosen as our makeover winner:

* Cost of makeover is different for every patient. Winner will be responsible for *lab fees only*.

**Applicant must be a current or new patient of our office and must have had an exam and cleaning in our office within the last 12 months to qualify. In certain cases, other treatment is needed before we can begin the makeover. Payment for this treatment is the responsibility of the patient.