

Thomas Orthodontics Self-Esteem Team

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Can we text you: ___ Yes ___ No

Parent/Guardian Name: _____

General Dentist: _____ Date of last cleaning: _____

I don't not have any cavities or need any dental work at this time: ___ Yes ___ No

I have transportation to and from appointments: ___ Yes ___ No

I will be able to make appointments from 11am to 2pm: ___ Yes ___ No

I have had orthodontics done before: ___ Yes ___ No ___ Currently in treatment

If yes when did you have orthodontics done: _____ Age _____ Year

I agree to allow to have my photo/video taken and used by
Thomas Orthodontics PC for any purpose they please: ___ Yes ___ No

I understand treatment will be metal braces: ___ Yes ___ No

Parent or Legal Guardian please fill out this portion:

I agree to be at the consult, interview appointment and the first appointment and
the last appointment: ___ Yes ___ No

I agree to make sure that dental cleanings are done every Six(6) months and that
all dental work is taken care of in a timely matter: ___ Yes ___ No

I agree to allow (Childs Name) _____ to enter for a
chance to have Thomas Orthodontics PC provide pro-bono orthodontics.

_____ Initials

I have read and understand all that is stated above. I understand that by submitting this form I am not guaranteed anything from Thomas Orthodontics PC, I understand that only one(1) person will be picked for treatment. I do not hold Thomas Orthodontic PC responsible for any outcomes that may occur from entering this giveaway. I have answered everything above truthfully and to the best of my ability. I understand that Thomas Orthodontics PC reserves the right to change, delay or cancel the give away at anytime without notice.

Name: _____ Date: _____

Signature: _____ Date: _____

Parent or Guardian

Name: _____ Date: _____

Signature: _____ Date: _____

Please attach a 500 word essay on why *orthodontic treatment is important to you* to the back of this form.

Please mail in or drop off this application form to:

5355 Colony Dr N Saginaw MI 48638

Thomas Orthodontics PC use only

Date received: _____ Initials _____