



Application for Orthodontic Treatment

Please attach a 5 X 7 head-shot photo of applicant with full smile and teeth showing.
You may have up to two letters of reference (please paperclip to this form).
The applicant is an excellent candidate for Smile for a Lifetime because (please limit answer to space provided):

Multiple horizontal lines for writing the reason for the applicant's candidacy.

Applicant's age \_\_\_\_\_ sex \_\_\_\_\_ grade in school \_\_\_\_\_
Parent/Guardian place of employment: \_\_\_\_\_

Annual Household income: \_\_\_\_\_ (Verification may be required if applicant is selected for orthodontic treatment)

Does applicant have Medi-Cal ? YES NO

Is applicant covered by dental insurance? (specify company and policy #) \_\_\_\_\_

Contact information:
Applicant Name: \_\_\_\_\_
Parents' Name: \_\_\_\_\_
Address: \_\_\_\_\_

Responsible party phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Submitted by (circle one): Self Parent School Nurse Dentist Other \_\_\_\_\_

Please mail completed form with picture and reference letters to:

Smile for a Lifetime Foundation
c/o Petrol Orthodontics
41011 California Oaks Road
Suite 201
Murrieta, CA 92562

For questions call (951) 698-8200
or Email: info@petrolorthodontics.com