



Dr. Christian P. Manley

Application Form

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

- [] General Dentist Form [] Two Letters of Reference [] Copy of Report Card or Transcript
[] Headshot [] Applicant Questionnaire

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 [INSERT name of your state's insurance]? Yes No
Is the applicant covered by dental insurance? Yes No
Insurance: Policy #:

References:

1. Name Phone:
1. Name Phone: