

What organization are you with? _____

How long have you been with this organization? _____

Bio from organization (3-6 sentences minimum) : brief history of patient and broad overview for qualifying patient: patient's commitment to program, service history, etc.

All the information below MUST be filled out before we are able to accept the patient.

Patient will not be accepted if they do not provide the following when filling out new patient form:

- Name:
- Photo:
- DOB:
- Phone Number:
- Email:
- Home Address:

The link above MUST be filled out!

Sponsor contact Name and number: _____

By signing the applicant understands that the following forms must be filled out before being considered as a patient:

New Patient Form, Health History Form, Dental History Form, and Dental Insurance Form.

Signature of Applicant: _____

Date: _____