

Williams GP Orthodontic Seminars PREMIER ORTHODONTIC PATIENT PROGRAM

APPLICANT'S PERSONAL INFORMATION

APPLICANT'S NAME*

APPLICANT'S AGE*

DATE OF BIRTH*

GENDER*

Male Female

Is the applicant in Foster Care or Out of Home Placement?*

Yes No

APPLICANT'S ADDRESS*

STREET ADDRESS

CITY

STATE

ZIP/POSTAL CODE

US Residents Only

PARENT/GUARDIAN'S PERSONAL INFORMATION

PARENT OR
GUARDIAN NAME*

ADDRESS*

STREET ADDRESS

CITY

STATE

ZIP/POSTAL CODE

US Residents Only

PHONE*

EMAIL*

MARITAL STATUS*

Married Separated Single Divorced

RELATIONSHIP TO CHILD*

Parent Legal Guardian Foster Parent

FOR NON-PARENTAL GUARDIANS, you MUST submit a copy of your medial authorization (e.g., court order, letter of authorization, etc.) For children in state custody, submit a copy of their state medical card and consent.*

I understand I do not understand

DENTAL INFORMATION

Does your child have a Primary Dentist? Yes No

DENTIST'S NAME*

LAST ORAL CLEANING* Under 6 months Under 12 months Under 24 months

Please list any health issues your child has that we should be aware of:*

Do you have Orthodontic Insurance? If so, how much does it cover?*

Have any of the child's family members applied to or been treated through Williams GP Orthodontic Seminars Premier Patient program? If so, please list their name(s).*

Is the patient currently wearing braces?* Yes No

Has the patient had orthodontic treatment in the past?* Yes No

If yes, when was treatment completed?* _____

Why does your child want braces?*

Difficulty eating or drinking Pain in mouth or jaw Teased for appearance Other

GENERAL INFORMATION

Is your child currently enrolled in school?* Yes No

Is your child currently enrolled in home school?* Yes No

GRADE*

GPA*

NAME OF SCHOOL* _____

How many people are in your household?* _____

Number of adults* _____

How many of those adults are employed?* _____

Number of children* _____

Did any parent or guardian file Federal Taxes last year? If so, who?*

If the child applying is not claimed as a dependent on your tax return, you must explain why and submit the tax return for the person who DOES claim the child, as well as proof of where the child resides (e.g. school records). In this situation, BOTH tax returns must be submitted and each must separately meet our financial qualifications.*

I understand I do not understand

What is the household taxable income? (Must match last year's tax returns, if 0 please explain).*

Was your family's income negatively affected by COVID 19? If so, please explain.*

Do you receive or pay any child daycare, child support, alimony, medical expense, etc? If so, please explain.*

Form of Transportation (For Appoinments)* _____

Car, bus, etc.

How did you hear about us?* _____

Comments?

Once you have completed this application you understand that all documents and photographs are to be submitted with the application.*

I understand I do not understand

*required information