

Ritebite Cares

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: _____

Date of Birth: _____ M / F

School Name: _____ Current Grade Average: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Name of Dentist: _____ Date of Last Visit: _____

is the applicant of special needs or require special medical care? _____

If yes, please provide additional information: _____

Has the applicant received prior orthodontic services? _____

If yes, please name the Dr who have care and what services: _____

Number of times applicant applied to Ritebite Cares: _____

Parent/ Guardian Information

1. Parent/ Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

2. Parent/ Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Average Income: _____ # of Family Members: _____

Insurance

Is the applicant covered by dental insurance? _____

Insurance: _____

Policy #: _____

References

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____