

The 2011 Smile MakeOver

Apply Now!

We encourage you to apply for the 2010 and 2011 Smile Makeover.

Applications are being accepted now.

Dates for application submittal are **January 1, 2011 – February 15, 2011**. Any submissions sent prior to the opening date will be discarded.

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Required Application Steps:

(Applications received with out the following information will be discarded)

- 1) Please write a **500 word or less essay** on why you feel you or your nominee should be gifted the [Smile Makeover](#).
- 2) Please include **1-5 photographs** of your nominee. (jpeg files preferred)
- 3) Fill out and submit the [Smile Makeover Application](#)
- 4) Please list any groups that your candidate may belong to that may help with the selection process with contact phone numbers. *(AA, defensa de mujeres, victim advocacy groups, etc)*
- 5) Please include a **contact phone number, email address, and mailing address** with your submission.
- 6) Please include in your **email submittal subject line: SMILE MAKEOVER CANDIDATE APPLICATION**
- 7) Please indicate how you heard about the [Smile Makeover](#) program. *(Example: radio station, newspaper name, etc)*

8) Submit all materials to:

Email: **redwoodcitydental@gmail.com**

Mail to: **RWC Dental Care, C/O Smile Makeover, 20 Birch Street, Redwood City, CA 94062**

**Proof of Residency will be required for finalists.*

Good Luck and Warm Regards,

Redwood City Dental Care Team &
The Redwood City Implant Study Club

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+++ Copy & Paste The Below Completed Information Into Your Submission email +++

(Note: ALL INFORMATION IS KEPT CONFIDENTIAL)

1. Applicant Name:

2. Male or Female:

3. Email Address:

4. DOB:

5. Address (Street/City/State/Zip):

6. Phone Number(s):

Home:

Work:

Cell:

7. Employer:

8. Why do you feel this applicant should be gifted a smile makeover?

9. Health Issues (*verification through physician will be required*):

10. Current Medications:

11. Allergies:

12. Known Dental Issues:

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13. Dental Wants:

14. Is this person currently a patient of Dr. Ihab Hanna DDS or Implant Study Club Member? If yes, which Doctor?

15. How did you hear about the Smile Makeover Program?

16. Does this person have any dental insurance benefits? If yes, name of Insurance Company?

17. Has there been any major change in general health within the past year? If yes, please list dates and circumstances:

18. Date of last physical examination:

Physician:

Physician Phone Number:

19. Have you had any serious illness, operation, or been hospitalized in the last five years?

20. Does dental treatment make you nervous?

21. When was your last dental exam?

22. Would you be willing to have your photographs taken and released to the public of before and after treatments if you are selected? (*Website display, study club discussions, media inquiries, etc...*)

23. How would having your smile "made over" affect your life?

24. What time restrictions or issues do you have?

25. What is your transportation situation like?

26. What are some of your personal goals in the next 5 years?