**(ALL INFORMATION IS KEPT CONFIDENTIALLY)

Applicant Name:**

**Male or Female:**

**Email Address:**

**DOB:**

**Address:**

**Phone Numbers:  Home:                            Work:                             Cell:**

**Employer:**

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

**(please cut and paste your response here)**

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

**Current Medications:**

**Allergies:**

**Known Dental Issues:**

**Dental Wants:**

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

**How did you hear about the Smile Makeover Program?**

**Does this person have any dental insurance benefits?**

**If yes, name of Insurance Company?**

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

**Date of last physical examination:                     Physician:                      Phone Number:**

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

**Does dental treatment make you nervous?**

**When was your last dental exam?**

**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, ect)**

**How would having your smile "made over" effect your life?**

**What time restrictions or issues do you have?**

**What is your transportation situation like?**

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