



Give a Smile™
 ABN 65 326 076 244
 PO Box 576
 Crows Nest NSW 1585 Australia
 T 1300 661 613 F 1300 661 617
 www.giveasmile.org.au

Orthodontist application form

I, being a Full Member of the Australian Society of Orthodontists (ASO), would like to commit support to and active involvement in the ASO's Give a Smile™ programme.

I have read the *Give a Smile™ Charter* and agree to be bound by the terms and conditions outlined in that document.

I agree to accept one patient per year from the public dental health waiting list, and to diagnose and undertake the necessary orthodontic treatment for that patient in my practice free of charge.

Additionally, I agree to treat my Give a Smile™ patient/s with the same high levels of care and professionalism that I offer to my full fee-paying patients.

Addresses of the practice/s where I am happy to treat Give a Smile™ patients are:

Address _____
 Telephone _____
 Fax _____
 Email _____

Address _____
 Telephone _____
 Fax _____
 Email _____

Address _____
 Telephone _____
 Fax _____
 Email _____

Signed _____
 Date _____

Please return this form to Give a Smile™ by post or fax as soon as you can.

NB. At your discretion, you may charge for additional costs, such as the replacement of lost or broken retainers.