



### PURPLE HEART SMILES APPLICATION

Please fill out all information completely.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_ Veteran's Date of Birth: \_\_\_\_\_

Active or Retired Military (circle one)

Dates of Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have orthodontic dental insurance? Yes or No (circle one)

Insurance Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

**Documentation Needed:** (enclose a copy of each with application)

\_\_\_ DD214;

\_\_\_ Purple Heart Certificate; and

\_\_\_ Proof of being either the parent or legal guardian of the child

By signing below, you are agreeing that all information submitted by you to the Georgia School of Orthodontics is true and complete. We thank you for your service.

Name (*Please print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application To:** Georgia School of Orthodontics  
Purple Heart Smiles  
8200 Roberts Drive  
Suite 550  
Atlanta, GA 30350