

My Smile Within Referral Letter for Community Leaders

Please answer the following questions thoughtfully and completely, explaining why you think this applicant should be accepted. Download this document and type your answers onto it. Send the completed application to mysmilewithin@gmail.com.

The patient's email/ contact information so we can send them an application:

1. Please explain the story of this individual and their background.

2. How do you know this individual and how long have you known them?

3. What is the nature of their dental needs?

4. What help have they sought but not succeeded in getting?

5. Why should this applicant be accepted?

6. How will this dental care benefit this individual's life long term?

7. Can you vouch that this person is responsible, will show up for dental appointments on time and value the care?