

## Do you want to be our *Patient of the Month?*

If you are interested in being selected as our office's patient of the month, just fill out the form below and sign your name in the space provided. At the end of each month we will review all entry's and select who we think deserves to be acknowledged for doing so well at our office!

The patient of the month has to be compliant and have good orthodontic habits in order to qualify! So if you meet that requirement sign up to be a star in the newspaper!

(A picture will also be posted in the paper with the article)



### Tell Us About You:

- 1) What is your full name: \_\_\_\_\_
- 2) What grade and school do you attend: \_\_\_\_\_
- 3) What is your favorite school subject: \_\_\_\_\_
- 4) What is your favorite hobby: \_\_\_\_\_
- 5) What do you want to do when you get older: \_\_\_\_\_
- 6) Why did you choose this profession/adventure: \_\_\_\_\_  
\_\_\_\_\_
- 7) What one thing do people not know about you: \_\_\_\_\_  
\_\_\_\_\_

By signing on the line below you give Webb Orthodontics full permission to use your picture and information in a newspaper ad if chosen. Must be signed in order to qualify as patient of the month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date