



Give a Smile™
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 www.giveasmile.org.au
 info@giveasmile.org.au



Orthodontist application form

I, as a 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.

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, however free of charge.

I understand that I am expected to start one GAS patient each year and they can be from the dental health waiting list or self screened. If I wish to start more or less than one patient a year from the public waiting list I will contact my state liaison officer to organize.

Please note: If you would like any clarification on your responsibilities, patient allocation and frequency as a Give a Smile™ Orthodontist please do not hesitate to contact your State liaison officer or Give a Smile™ directly prior to signing this agreement.

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 _____

Please return this form to Give a Smile™ by post or email to admin@aso.org.au

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