

School Dental Health Presentation Invitation

I am a patient of MVPsmiles and a member of their Smile Card Program. I would like a MVPsmile dental health professional to come to our class and teach us how to take care of our teeth. The following information will allow my orthodontist and/or pediatric dentist to contact you and schedule a good time to visit our school.

Thank you,

Parent/ Patient Signature

Contact Info

School Name _____

Teacher's Name _____ Grade _____

Please indicate the best way for my orthodontist or dentist to reach you _____

Person to Contact _____

Best number to call _____

Best day and time to reach you _____

Please complete and email to info@MVPsmiles.com

