

I am interested in becoming a patient for a student to become licensed. I fit the categories listed above in the Entry Level Qualifications and would like to schedule a Screening Level appointment.

My Name is: _____ Age: _____ DOB: _____

Cell Phone #: _____ May we text you? Yes or No

Other Phone #: _____

Email: _____

Address: _____

What days of the week and time of each day are you most available? Circle all that apply.

<i>Mondays</i>	<i>Tuesdays</i>	<i>Wednesdays</i>	<i>Thursdays</i>	<i>Fridays</i>	<i>Saturdays</i>	<i>Sundays</i>
<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>
<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>
<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>

Circle One

Yes or No *My age is between age 18-55*

Yes or No *I have not had teeth professionally cleaned in 3-10 years*

Yes or No *I have 2 touching molars in each corner of my mouth*

Yes or No *I am comfortable with multiple dental professionals performing oral inspections*

Yes or No *I am able/willing to attend multiple appointments for student to prepare data required
prior to clinical examination date and have punctual attendance*

Yes or No *I am able/willing to travel with student to a clinical site*

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We are glad that you have decided to explore the benefits of self-improvement and we are honored that you have allowed us to be partners in achieving students' professional goals.

Sincerely Grateful,
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