



OptimalOrthodontics

NEW YEAR – NEW SMILE NOMINATION PACKET

Your Name: _____ Date: _____

Relationship to nominee: _____

Your Phone Number: _____ Your email address: _____

Nominees Name: _____ Age: _____

Nominees address, city and zip code: _____

Nominees Phone Number: _____ Email address: _____

- Please explain in 100 words or less why you feel this person should receive this gift and why they are an excellent candidate. You may use the back of this sheet or an attachment if you prefer.
- You must submit a 5x7 photo of the candidate. The photo should be a head shot showing their teeth and full smile.

Official Rules

- No purchase is necessary to enter or win.
- Contest will begin January 1st, 2017 and will end February 28, 2017 at 5:00pm.
- Nominee must be from Central Oregon and must have the ability to go to scheduled dates of treatment.
- Employees of Optimal Orthodontics/Dr. Scot Burgess are not eligible to win or nominate any candidate.
- Finalists will be invited to the office of Dr. Scot Burgess for an interview and exam.
- Winner will be notified by phone, email and or US postal mail. If the potential winner does not respond within (10) days of notification the winner will be disqualified and an alternate winner selected.
- Applications, photos and supporting documents will not be returned and become the property of Dr. Scot Burgess, DMD, PC.
- Winner will be responsible for meeting with the Treatment Coordinator of Dr. Scot Burgess to itemize a specific treatment plan. If the winner is under the age of (18) a Parent/Guardian will be required to be a part of the planning and will need to sign specific documents required to treat the patient.
- Optimal Orthodontics will also use information on their website, news media and social networking. The winner will need to sign a release from for such use or if under the age of (18) a Parent/Guardian will need to sign the release form.

Optimal Orthodontics
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