

The Smile Shuttle is coming...

SCHOOL RELEASE PERMISSION FORM

Date: _____

To: _____
Teacher or School Official's Name

From: _____

Please Excuse: _____
Student's Name

at ____:____ for an orthodontic appointment.
Time

He/She will be transported to Keene/
Brattleboro Orthodontic Specialists' office
and returned to school via the Smile Shuttle.
Thank you,

Parent's Signature



KEENE BRATTLEBORO
ORTHODONTIC SPECIALISTS
LANCE R. MILLER, DDS, MS

KEENE: 105 West St • 352-8661 • KeeneOrtho.com
BRATT: 54 Chickering Dr. • (802) 257-0600 • BrattOrtho.com

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