



16. How did you hear about the Smile Makeover?

17. Are you able to easily get to the practice for treatments? What time restrictions do you have?

18. Do you have transportation restrictions?

19. Would you be willing to have “before and after” photographs taken and released to the public if selected? (Website, Facebook, newspaper ad. Your name may be confidential)

Please write a 500 word or less explanation as to why you or your nominee should be gifted the Smile Makeover. Indicate everything you would like to have happen to your (or their) smile. What about your (or their) smile are you most unhappy about? Include how you (or their) life would be affected. The top three finalists will be required to come to Kalona Family Dental for an in-office evaluation between September 17 and 30. The winner will be notified via phone or email by October 31, 2019.