

ACUITY
ORTHODONTICS
KEITH S. WICKIZER DMD MS
SPECIALIST IN ORTHODONTICS

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Official Essay Contest Entry Form

“Why I want a perfect smile, and what it would do for me”

Acuity Orthodontics is very grateful to this wonderful community. We opened our practice doors in 2007, and we have been blessed by the wonderful families of the lowcountry ever since. We love visiting the schools for career day, attending local small town events, and buying your Halloween candy; so we thought how else could Acuity Orthodontics give back... As a way to thank this community that welcomed us into their lives, we are giving away

A FREE SET OF BRACES EVERY YEAR!

Contest rules are as follows:

- ✓ There is no required length for the essay
- ✓ Must be written by recipient, in their own words and truthful
- ✓ Must be in good dental health with no cavities (fillings are okay) and get regular dental check-ups
- ✓ Must be a full time student; college students included
- ✓ Finalist will be scheduled for orthodontic records (at no charge) and medical necessity will be considered along with original essay
- ✓ Essays must be attached to this signed entry form and be dropped off at any of our convenient Acuity Orthodontics locations
- ✓ Recipient will be responsible for all transportation to/from appointments and will all keep scheduled appointments
- ✓ Will have excellent oral hygiene and follow all instructions during treatment including: wearing special appliances, rubber bands and avoiding foods that may damage the braces
- ✓ Submission deadline is December 20. Winner chosen January 1.

Please complete this form and attach to your submission.

Full name: _____ **Age:** _____ **Birthday:** _____ **Male/Female**
School: _____ **Grade:** _____ **Homeroom:** _____
Address: _____ **City:** _____ **Zip code:** _____
Telephone: _____ **Email:** _____ **Dentist:** _____

Certification

- 1) I have read and understand the rules for this essay contest.
- 2) This essay was written by me, is truthful and was not copied from any other source.

Signed: _____ Date: _____

Parental Consent

I give permission for my child to be entered into the contest for free comprehensive orthodontic treatment with silver braces. I understand that if my child is selected they will be featured on the practice website (acuityortho.com), Facebook page, and/or the newspaper. I also acknowledge that the information provided in the essay is correct and I understand that I will be responsible for providing transportation to and from Acuity Orthodontics for all appointments. I am aware that my child needs to be in good dental health before any orthodontic procedures may begin and promise that they will continue to maintain good dental hygiene during treatment.

Parent/Guardian: _____ Date: _____