

The Smile Shuttle is coming....

School Release Permission Form

Date: _____

To: _____

TEACHER OR SCHOOL NAME

From: _____

Please Excuse: _____

STUDENT NAME

At ____:____ AM for an orthodontic appointment
TIME Please be ready for pickup 15 minutes prior to this time

He/She will be transported to Sacksteder Orthodontic office for their adjustment and returned to school via the Smile Shuttle.

Thank you,

PARENT/GUARDIAN SIGNATURE



**SACKSTEDER
ORTHODONTICS**
STRAIGHT SMILIN'

4805 Park Rd Suite 220 Charlotte, NC 28209
704-900-5043

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