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Debanding Notification:

Today's Date: _____

Patient's Name: _____(first & last)

Doctor's Name: _____(first & last)

Case Start Date: _____

Date of Debanding: _____

Length of Treatment: _____

Anytime you have an exceptional experience with a patient, or you or your office go above and beyond basic treatment – WE WANT TO HEAR FROM YOU! These anecdotes are a great way for us to promote your practice through social media, press releases, and other communications.

We also want to hear about any suggestions you may have to improve our program.

Help us help you by sharing your experiences below!

Details of Experience: _____

