



Saving Smiles with New Haven Dental

Who We Are

Saving Smiles with New Haven Dental is a charitable non-profit organization that was created in 2022 by the team at New Haven Dental. It was designed with patients in mind who may not have the financial means to get outstanding dental treatments done. The foundation aims to help patients get their dental treatments completed at no cost to them in order to improve both their oral health and their overall health.

Our Vision

We will work in harmony, as a team, to build trusting relationships with our patients and exceed expectations by delivering the highest quality of dental care this community will ever see. We will continue to build a legacy for generations to come.

APPLICATION ENCLOSED



Helpful guidelines in applying for dental treatment through Saving Smiles with New Haven Dental:

- Application filled out to completion.
- Letters of Recommendation.
 - o We encourage this letter to be from someone who is not of relation or a significant other.
 - o Please limit to 1 letter and have it typed or written clearly.
- Attach a photo of the patient applying.
- Consent Forms reviewed and signed by applicant.

Return all documents by mail or by dropping them off within the office during business hours.

New Haven Dental
ATTN: Saving Smiles Foundation
1009 Highway C
New Haven, MO 63068

Applications that do not meet the criteria will not be considered for voting.

Questions:
nhdentalmarketing@gmail.com
or
(573)237-3038

Deadline for Applications: January 15th of each year.

Team to review applications and select candidate(s) by March of the same year.
Candidate(s) will be notified by phone call from the office and appointments will be determined at a later date.



Saving Smiles with New Haven Dental Application

Please complete the form below in its entirety and attach along with Letter of Recommendation, any photos necessary, and the signed Consent Form.

Name: _____ Date of Birth: _____

Address: _____

Best Contact Number: _____

Email: _____

Are you a patient of New Haven Dental? If so, for how long? _____

How did you hear about the Foundation? _____

What would you say is the most important thing to you about your teeth/smile? _____

What are your current oral hygiene habits (brush/floss/rinse/etc.)? _____

What is your biggest concern with your teeth currently? _____

