

The American Association of Orthodontists states, "One in five children in America aged 12-18 experiences bullying annually. Of those bullied, teeth was ranked as the number one feature targeted, according to a study published by the American Journal of Orthodontics & Dentofacial Orthopedics.

PACK ORTHODONTICS is set to kick off our NEW non-profit charity, The emBRACE Foundation, by awarding complimentary orthodontic treatment to select victims of bullying due to the appearance of their teeth.

To Nominate

NOMINEE REQUIREMENTS:

- Child must be under the age of 18
- Child must be ready for orthodontic treatment; no previous orthodontic treatment, not currently in treatment or in between phases of treatment
- Child must have good hygiene, and be able to come into the office to complete a complimentary New Patient Exam and short interview

SUBMISSION REQUIREMENTS:

- This completed application must be submitted along with a written description or story of how the child has been bullied due to their teeth alignment AND a photograph of the child smiling.
- Submissions must be sent between the dates of October 1st-31st of 2022.
- Nominating party of those selected will have the option to remain anonymous, if they so chose.

At least one child will be selected to receive complimentary orthodontic treatment. More may be selected after Dr. Tracy Pack and his team review all submissions. Those selected for treatment will be notified by November 11th, 2022. Treatment may take place at either our Murfreesboro or Shelbyville location. Selected individual(s) must be able to attend regular appointments every 6-8 weeks throughout their duration of treatment.

Application, photo, and story may be mailed or emailed.
Pack Orthodontics: The emBRACE Foundation Kick Off
147 E. Clark Blvd.
Murfreesboro, TN 37130

Questions may be directed to Pack Orthodontics' Public Relations
Coordinator, Ashley Lamm Rogeres, via phone at 615-898-1000 or
email at ashleyn@packortho.com.



Kick-Off

APPLICATION FOR COMPLIMENTARY ORTHODONTIC TREATMENT

*Denotes optional information.

NOMINEE INFORMATION

Nominee (First & Last Name): _____

Attends School at: _____ Birthday MM/DD/YYYY: _____

Nominee's Dentist:* _____ Last Cleaning:* _____

Nominee's Parents/Guardians: _____

Mailing Address: _____

Email: _____ Phone: _____

Nominee has received prior orthodontic treatment, in any capacity: NO [] YES []

NOMINATING PARTY INFORMATION

Nominating Party (First & Last Name): _____

Nominating Party Mailing Address: _____

Nominating Party Email _____ Remain Anonymous: NO [] YES []

How do you know the nominee? _____

How did you hear about The emBRACE Foundation by Pack Orthodontics? _____

I have submitted all the above information, and compiled the attached description, to the best of my knowledge. I have not falsified any information about myself or the nominee/nominee's family. I understand that my submission may or may not be chosen for complimentary orthodontic treatment.

Signature: _____ Date MM/DD/YYYY: _____

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