

*The Smile Shuttle is coming...*

## SCHOOL RELEASE PERMISSION FORM

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Teacher or School Official's Name

From: \_\_\_\_\_

Please Excuse: \_\_\_\_\_  
Student's Name

at \_\_\_\_:\_\_\_\_ for an orthodontic appointment.  
Time

He/She will be transported to Keene/  
Brattleboro Orthodontic Specialists' office  
and returned to school via the Smile Shuttle.  
Thank you,

\_\_\_\_\_  
Parent's Signature



KEENE BRATTLEBORO  
ORTHODONTIC SPECIALISTS  
LANCE R. MILLER, DDS, MS

KEENE: 105 West St • 352-8661 • KeeneOrtho.com  
BRATT: 54 Chickering Dr. • (802) 257-0600 • BrattOrtho.com

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