

Project Smile/Future Smiles Nurse Instructions for Processing Applications

- Give the *Future Smiles* Health History/Consent application to the parent/guardian for completion and signature
- Scan and e-mail completed and signed application to:
 - Sherry Moore @ mooresa2@nv.ccsd.net or
 - Fax to: (702) 799-3760 (Please include your contact info on the cover sheet)

NOTE: Receipt of fax, will be confirmed via e-mail.

If you have questions, you may contact me as follows:

***Sherry Moore, Secretary III
Dr. Beth Howe Center – Community Outreach
702.799.5174***