

## BRACE BUS

Our "BRACE BUS" is a service we have to help transport children from school, to their orthodontic appointment and back to school. This is being done as a convenience to our parents and to minimize the time patients will miss school.

James R. Nicholson  
D.D.S., M.S.

We realize that many of our school age patients are from families with very busy schedules. This makes it difficult for these families when the patient needs to be seen during school hours.

95 E. Oak St.  
Zionsville, IN 46077  
(317) 873-6927

Our local schools have been most cooperative in helping us to provide this service. Because our schools and our insurance company give us certain guidelines to follow, we have prepared a packet of information for you outlining how you might utilize the service. For more details concerning the BRACE BUS, just ask for the "BRACE BUS" packet from any of our staff members.

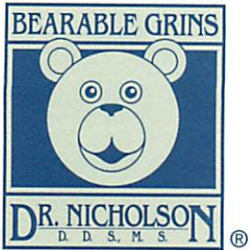
1911 N. Lebanon St.  
Lebanon, IN 46052  
(765) 482-4538

Our hope is that this service will make orthodontic treatment for your child as convenient as possible. If we can assist you in anyway, please feel free to ask.

Visit our website at:  
[drnicholson.com](http://drnicholson.com)



Excellence,  
like a smile,  
lasts a lifetime.



## REQUEST FOR TRANSPORTATION

I, the undersigned, \_\_\_\_\_  
the parent and /or legal guardian of,

\_\_\_\_\_ hereby allow,  
authorize and consent for my child to ride the "BRACE BUS"  
provided by Dr. James R. Nicholson, D.D.S., M.S. The  
undersigned agrees that the "BRACE BUS" may pick up my child  
from school for an appointment with Dr. Nicholson and my child  
may be returned to school following an appointment with Dr.  
Nicholson. The undersigned consents for my child to be taken out  
of school by the person driving the "BRACE BUS" for the purpose  
of an appointment with Dr. Nicholson and agrees to execute and  
sign consent authorizing the school to release my child to the  
"BRACE BUS". The undersigned agrees and understands that my  
child shall be picked up and/or delivered at school only at the  
designated times of operation by the "BRACE BUS".

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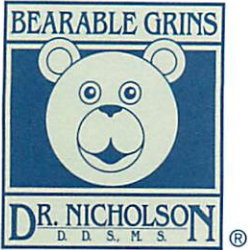
The undersigned agrees that Dr. Nicholson or the operator of the  
"BRACE BUS" shall have the sole and exclusive right to make the  
decision whether my child shall be permitted to ride the "BRACE  
BUS". Any misbehavior or misconduct on the part of my child  
could result in my child not being permitted to ride the "BRACE  
BUS".

The undersigned understands that the "BRACE BUS" is a service  
by Dr. James R. Nicholson at no charge.

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\_\_\_\_\_  
Signature

DATED this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.



Dear Parents,

We are happy to provide the services of the “Brace Bus” to you and your children. It is our hope that this service will be a convenience to you and expedite your child’s orthodontic treatment. In order for this service to operate smoothly, we ask that the following guidelines be followed:

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1. The patient’s parent or legal guardian must complete the attached “Brace Bus” forms and return them to our office before this service can be utilized.

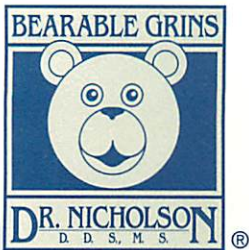
2. “Brace Bus” riders will be scheduled in such a manner that the time away from school will be held to a minimum.

3. The “Brace Bus” will run between the hours of 8:15am and 12:00pm. This is necessary to avoid school traffic.

4. The “Brace Bus” operates during the regular school session from August to June.

This service will operate between our office and the Zionsville public schools only.





## SCHOOL AUTHORIZATION

To: \_\_\_\_\_  
(name of school child is attending)

I, the undersigned, \_\_\_\_\_,  
parent or legal guardian of \_\_\_\_\_ a  
student at the above designated school, hereby authorize and give  
my permission for my child to be released from school to ride the  
"BRACE BUS" provided by Dr. James R. Nicholson, D.D.S., M.S.  
I consent for my child to be released from school to ride the  
"BRACE BUS" for the purpose of receiving orthodontic services  
by Dr. James R. Nicholson. The undersigned agrees and  
understands that my child may be picked up from the school and/  
or returned to school by the "BRACE BUS".

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The day prior to the appointment the school will receive a fax from  
Dr. Nicholson concerning the appointment.

My child will be picked up fifteen minutes in advance of my  
child's scheduled appointment by the "BRACE BUS". My child  
has been instructed to check in at the attendance office  
immediately after returning to school and turn in the school excuse  
card provided by Dr. Nicholson's office.

Signed and dated this, \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Parent and / or Legal Guardian

