

New ☐ Renewal ☐

☐ The Smile Center

Name: _____

Gender: M ☐ F ☐

☐ Individual Plan: \$118.00 /12 months Date Payment Received: _____

Coverage Effective Dates: _____ to _____

THE SMILE PROGRAM INCLUDES:

- 2 exams (comprehensive exam or recall exam during 12 months of enrollment)
- Bitewing x-rays (1 set per 12 months of enrollment)
- 20% off all dental procedures including routine cleaning and products (ORTHO EXCLUDED) during 12 months of enrollment
 - Cannot be used in conjunction with insurance, Care Credit or any other discount/special.

Patient/Guardian Signature: _____

Date: _____