

Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment you will have access to replacement retainers for a small co-pay at wholesale price starting at only \$43* shipped to your door for life.

ONE ARCH (UPPER/LOWER- circle one)

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	\$440	\$349.50
Payment Plan	3 months x \$158.33	3 months x \$123.17

BOTH ARCHES

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	\$880	\$699
Payment Plan	6 months x \$158.33	6 months x \$123.17

Name of Patient: _____ **DOB:** _____

Shipping Address: _____ **PHASE I / TRADITIONAL (circle one)**

Phone Number: _____ **Email Address:** _____

Credit Card:

Visa Mastercard Discover Amex HSA FSA

Card Holder Name: _____ **Card Number:** _____

Exp Date: _____ **CW:** _____ **Withdrawal Date:** _____

Billing Address: _____

Payment Option:

Pay In Full Payment Plan **Length & Amount:** _____

Signature: _____

