



# 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.

## RETAINERS FOR LIFE PROTECTION PLAN

OPTIONS	ONE ARCH	BOTH ARCHES
Pay In Full	\$325	\$650
Payment Plan	3 months x \$115	6 months x \$115

## RETAINERS FOR LIFE PROTECTION PLAN PLUS (includes first set of retainers)

OPTIONS	ONE ARCH	BOTH ARCHES
Pay In Full	\$349.50	\$699
Payment Plan	3 months x \$123.17	6 months x \$123.17

UPPER/LOWER/BOTH (circle one)

**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: \_\_\_\_\_ CVV: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Payment Option:**

Pay In Full  Payment Plan Length & Amount: \_\_\_\_\_