



# Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment you will have access to replacement retainers for a copay of \$64 CAD shipped to your door for life.

ONE ARCH (UPPER/LOWER- circle one)

| OPTIONS      | WEBSITE RETAIL PRICE               | IN TREATMENT DISCOUNT   |
|--------------|------------------------------------|-------------------------|
| Pay In Full  | <del>\$875 CAD</del>               | \$449.50 CAD            |
| Payment Plan | <del>3 months x \$298.33 CAD</del> | 3 months x \$156.64 CAD |

BOTH ARCHES

| OPTIONS      | WEBSITE RETAIL PRICE               | IN TREATMENT DISCOUNT   |
|--------------|------------------------------------|-------------------------|
| Pay In Full  | <del>\$1750 CAD</del>              | \$899 CAD               |
| Payment Plan | <del>6 months x \$298.33 CAD</del> | 6 months x \$156.64 CAD |

**Name of Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Shipping Address:** \_\_\_\_\_ **PHASE I / TRADITIONAL (circle one)**  
**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Credit Card/Debit:**

Visa  Mastercard  Amex

**Card Holder Name:** \_\_\_\_\_ **Card Number:** \_\_\_\_\_  
**Exp Date:** \_\_\_\_\_ **CW:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

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

**Payment Option:**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If a rescan is needed an additional fee may apply after the first year  
\*Shipping not included in retainer copay

