

## Quick Enrollment Form

Use as needed, circle option

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	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	<del>\$440</del>	\$325
Payment Plan	3 months x <del>\$153.33</del>	3 months x \$115

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	<del>\$880</del>	\$650
Payment Plan	6 months x <del>\$153.33</del>	6 months x \$115

**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: \_\_\_\_\_

Signature: \_\_\_\_\_

