



# 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	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$625	\$349.50
Payment Plan	3 months x \$215	3 months x \$123.17

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$1250	\$699
Payment Plan	6 months x \$215	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: \_\_\_\_\_ CWV: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

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

**Payment Option:**

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

