

Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment you will have access to replacement retainers for a copay of \$43 for traditional clear retainers or \$63 for early treatment retainers shipped to your door for life.

ONE ARCH : UPPER LOWER **Coupon Code:** _____ **RET:** **Scan Date:** _____

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	\$625	\$349.50
Payment Plan	3 months x \$215	3 months x \$123.17

BOTH ARCHES

OPTIONS	TOTAL VALUE	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: _____ CW: _____ Withdrawal Date: _____

Billing Address: _____

Payment Option:

Pay In Full Payment Plan Length & Amount: _____

Signature: _____

