

# 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	<del>\$625</del>	\$349.50
Payment Plan	3 months x <del>\$215</del>	3 months x \$123.17

BOTH ARCHES

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	<del>\$1250</del>	\$699
Payment Plan	6 months x <del>\$215</del>	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: \_\_\_\_\_