



# Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment you will have access to replacement retainers for a copay of \$39 for traditional clear retainers or \$59 for early treatment retainers shipped to your door for life.

ONE ARCH (UPPER/LOWER- circle one)

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	<del>\$440</del>	\$349.50
Payment Plan	3 months x <del>\$158.33</del>	3 months x \$123.17

BOTH ARCHES

OPTIONS	TOTAL VALUE	IN TREATMENT DISCOUNT
Pay In Full	<del>\$880</del>	\$699
Payment Plan	6 months x <del>\$158.33</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: \_\_\_\_\_

