

# Quick Enrollment Form

Use as needed, circle option & shred after processing

ONE ARCH: UPPER / LOWER (circle one)

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$440	\$325
Payment Plan	3 months x \$153.33	3 months x \$115

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT DISCOUNT
Pay In Full	\$880	\$650
Payment Plan	6 months x \$153.33	6 months x \$155

**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

