

## Quick Enrollment Form

Use as needed, circle option

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 25% |
|--------------|-----------------------------|------------------|
| Pay In Full  | <del>\$625</del>            | \$325            |
| Payment Plan | 3 months x <del>\$215</del> | 3 months x \$115 |

BOTH ARCHES

| OPTIONS      | WEBSITE RETAIL PRICE        | IN TREATMENT 25% |
|--------------|-----------------------------|------------------|
| Pay In Full  | <del>\$1250</del>           | \$650            |
| Payment Plan | 6 months x <del>\$215</del> | 6 months x \$115 |

**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: \_\_\_\_\_ CVV: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

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

**Payment Option:**

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

Signature: \_\_\_\_\_

