



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	\$625	\$325
Payment Plan	3 months x \$215	3 months x \$115

BOTH ARCHES

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT 25%
Pay In Full	\$1250	\$650
Payment Plan	6 months x \$215	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: _____