

New  Renewal

The Smile Center

Your Profile

Name: \_\_\_\_\_

Gender: M  F

Individual Plan: \$150.00/year Date Payment Received: \_\_\_\_\_

Coverage Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

**THE SMILE PROGRAM INCLUDES:**

- 2 exams (comprehensive exam or recall exam during 12 months of enrollment)
- Bitewing x-rays (1 set per 12 months of enrollment)
- 20% off all dental procedures including routine cleaning and products (ORTHO EXCLUDED) during 12 months of enrollment
  - Cannot be used in conjunction with insurance, Care Credit or any other discount/special.

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_