dentiq dentistry

Patient Name:		DOB:	
Dental Savings Plan (Individual): \$364.00			
	Effective date:	End date:	
Included	ł:		
	2 Regular Prophylaxis or 2 Perio-Maintenand	ce	
•	2 Fluoride treatments		
•	2 Dental Exams		
•	1 Oral Cancer Screening		
•			
•	20% Off Panoramic/3D Scan		
•	20% Off Full Mouth Debridement		
	20% Off Deep Cleaning (S/RP's)		
•	20% Off any treatment/additional cleanings	needed (Excluding Ortho)	
•	50% Off In Office Professional Whitening (Or	nce a year)	
•	No annual maximum		
•	No deductible		
:		ot be combined with any third party financing ons and or dental insurance*	
	Patient Signature	Date	
	Treatment Coordinator	Date	

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