dentiq dentistry

Patient Name:		DOB:	
	Dental Savings Plan (Indiv	idual): \$425.00	
Effective date:		End date:	
Include	ed:		
	2 Regular Prophylaxis		
	2 Fluoride treatments		
	2 Dental Exams		
	1 Oral Cancer Screening		
	1 Set of Yearly X-rays (Excludes Panoramic/3D Scan)		
	20% Off Panoramic/3D Scan		
	20% Off any treatment/additional cleanings no Ortho)	eeded (Excluding	
	50% Off In Office Professional Whitening (Onc	e a year)	
	No annual maximum		
	No deductible		
	**Please note that Dental Savings Plan can	not be combined with a	nny third party financing,
	additional discounts/promotions and or dental insurance		
	Patient Signature		Date
	Treatment Coordinator		Date

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