



Ages: 14 years & up
Orchid Dental Adult Membership Plan: \$449 for the year

That is a savings of \$335 a year!

Which includes:

- ★ 2 Exams per year
- ★ All X-rays necessary
- ★ 2 Adult Prophys
- ★ Free Fluoride treatment (if patient requests)
- ★ All other services will be discounted 15%
- ★ After the first year the plan goes down to \$400 for the year!

Payment is due upon signing the contract.

I, _____ hereby agree to authorize Orchid Dental to charge my credit card for the amount listed above. I understand that this plan only covers what is mentioned. Any services outside what is covered will be discounted by the amount listed and payment is due upon receiving those uncovered services. I understand that if any appointments are missed there will be no refund issued. **If a patient does not renew membership after 1 year mark and services were not rendered during that period of time, there is no refund on the membership.**

Print Patient Name:

Date:

Patient Signature:

Date:

Presented by:

Date:

“Experience the difference with Orchid Dental”