

Designer Dental

Truly beautiful, truly you

Advanced Care Membership Agreement

Our Advanced Care Membership has been designed and developed to satisfy the demands of patients who have asked for something better. Individuals who value access, prompt service, and quality dental care in a Relaxing Spa Like Atmosphere.

Enrollment Date: _____/_____/_____

Amount Paid: \$ _____

Adults

Of Adults: _____

Name(s) of member(s) « please print

Children

Of Children (14 & under): _____

Name(s) of member(s) « please print

Method of Payment

CREDIT CARD

Amex / Visa / MasterCard

Discover

Card No: _____

Expiration Date: ____/____/____

PERSONAL CHECK

Check #: _____

CASH

Date of Birth

____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

5% discount given for family's initial enrollment fee: Y / N

I the undersigned understand and accept all the given terms and conditions explained to me in the Advance Care Membership brochure for myself and any members included in this agreement, and I here by authorize Designer Dental to charge me for the stated amount.

X-Signed _____

Date: ____/____/____

call 561.637.4443

web www.DesignerDentalGroup.com

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