



The Gentle Dentist Annual Savings Program

Savings on Quality Dental Services at The Gentle Dentist!

The Gentle Dentist ANNUAL SAVINGS PROGRAM is a money-saving solution for our patients who do not currently have dental benefits, or want savings on additional services not covered by their insurance. Members receive semi-annual dental exams and preventive dental care, as well as **20% off on ALL dental services and procedures**, including cosmetic, restorative, and orthodontics. Our Annual Dental Savings Program helps you and your family save money on quality dental care.

Start saving now with our rolling Open Enrollment membership. The Gentle Dentist Annual Savings Program can be initiated at any time with one simple annual membership fee. We offer additional savings that make it easy and affordable to enroll your entire family. In addition to reducing dental care costs, our program encourages preventive care with scheduled semi-annual dental care appointments.

OUR ANNUAL DENTAL SAVINGS PROGRAM DETAILS

One simple Annual Membership fee:

Adults - \$485 annually

Children - \$385 annually

Family Plans Available

Included within the Annual Savings Program fee

- New Patient Comprehensive Exam
- Annual Bitewing Xrays
- 2 Periodic Exams
- 2 Cleanings
- 2 Fluoride Treatments
- Periodontal Evaluation
- Oral Cancer Screening
- Panoramic Xrays (*once every 3 years*)

+ 20% off ALL Dental Procedures and Services

Including Cosmetic, Restorative, and Orthodontics services!

Here's what you need to do to save money with our Annual Dental Savings Programs:

- **The Annual Membership fee initiates the Annual Dental Savings Program.**
Start saving money today on quality dental care!
- **Keep your regularly scheduled dental checkup visits.**
Services are included within the active calendar year.
- **Provide at least 72 hours notice if you need to postpone or change your appointment.**
We ask that you give us the courtesy of 72 hours advance notice for all appointment schedule changes.

Yes, I want to save money and enroll in The Gentle Dentist Annual Savings Program!

_____ Myself
 _____ Additional Adults
 _____ Children - under 18

_____ **Annual Savings Program cost**
Family discounts available

Annual Savings Program Member Names

DOB / age

_____	_____
_____	_____
_____	_____
_____	_____

The Gentle Dentist / GDAS Program Initiation Date

GDAS Program Patient Signature

Initiation Date