



LG DENTAL
S T U D I O

VIP Membership Plan Enrollment Form

We're thrilled you've decided to enroll in our wonderful VIP Membership Plan. Please thoroughly read and initial each item as the terms of your plan Agreement.

_____ \$249 annually (12 month cycle) beginning on date: _____

OR

_____ \$30/month for 12 consecutive months beginning on date : _____

_____ patients can opt out for a full refund within 30 days as long as no treatment has been rendered

_____ includes full set of Xrays, 2 regular cleanings, 1 comprehensive exam or 2 recall exams

_____ includes 1 emergency exam plus 1 emergency Xray

_____ includes 1 oral cancer screening

_____ includes 20% off all standard fees (15% off if using Care Credit)

_____ includes an extra 5% off veneers (25% off total!)

_____ includes \$500 off Invisalign

_____ includes 1 complimentary nitrous oxide usage

_____ After the 5th year, you get 7% off of your annual or monthly membership fee

_____ *This is a savings plan and is NOT dental insurance. Valid for our office only.*

By signing below, I acknowledge that I have reviewed, understand, and agree to the terms and conditions of the VIP Membership Plan. I authorize this dental office to process my payment as listed in this Agreement.

Signature of Responsible Party: _____ Date: _____