



COMPREHENSIVE DENTAL PLAN

Application: **NEW** **RENEWAL**

YOUR PROFILE

Name: _____ Male Female
Email address: _____
Residence: _____
City: _____ State: _____ Zip: _____
Cell # _____ Home # _____ Work # _____

SPOUSE'S PROFILE

Name: _____ Male Female
Email address: _____
Residence: _____
City: _____ State: _____ Zip: _____
Cell # _____ Home # _____ Work # _____

FAMILY'S PROFILE

Name _____	Age _____	Male	Female
Name _____	Age _____	Male	Female
Name _____	Age _____	Male	Female
Name _____	Age _____	Male	Female

MEMBER SIGNATURE: _____

DATE: _____

Choose which Plan:

SINGLE PLAN	\$225.00
DUAL PLAN	\$439.00
FAMILY (5) PLAN	\$650.00

Please submit this completed application with appropriate payment (check or credit card) to: THE
DENTAL CENTER, 1344 SO. 800 E., STE. 220, OREM, UT 84097