



# **GENTLE HANDS FAMILY**

*Dentistry & Orthodontics*

## **Saving Smiles Discount Plan Consent**

- ☐ Single (1 person) \$299 per year
- ☐ Couple (2 adults or 1 adult plus 1 child\*) \$399 per year
- ☐ Family (2 adults plus up to 3 children\* or 1 adult plus up to 4 children\*) \$499 per year-  
Additional children \$50 per year \*child must live at the same address as adult and be 17  
years or younger in age

I understand that with my annual subscription I get up to two general cleanings per year for \$20 each, and that I also receive 25% off all of my dental care.

I acknowledge that this is an in-house discount plan and not dental insurance. I hereby authorize my subscription to be automatically renewed at the end of my plan period or until I cancel. I understand that there is no refund of my annual fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Members Enrolled:

_____	_____
_____	_____
_____	_____