Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll:

First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	
First Name	
Last Name	
Middle Initial	Son / Daughter
Date of Birth	

No Deductibles, Ever





Low-Cost Dental Coverage Premiums for Less Than \$1/day No Deductibles, Ever

Join Gentle Dental Care's In-House Premier Dental Coverage

- · All Health Conditions Accepted
- No Maximums
- You Cannot Be Denied Coverage
- No Health Questions
- You Cannot Be Singled Out for Rate Increases or Cancellations!

Cleanings Brighten Your Smile & Help Prevent Disease!



Lorton Location

9360 Richmond Highway Lorton, VA 22079

We are located right next to Walgreens on Richmond Highway between Pohick & Lorton roads.

703-495-9993



Sterling Location

20 Pidgeon Hill Drive Suite 204, Sterling VA 20165

We are located near the intersection of Route 7 & Countryside Boulevard.

703-444-5684



Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



- No Deductibles, Ever!
- All Health Conditions Accepted
- No Health Questions or Hassles



Affordable Dental Coverage for the Whole Family!

No Deductibles, Ever

Now you can join our low-cost dental coverage for a nominal membership premium. Our coverage entitles you to preventive dental care at no cost! Corrective services are available for small co-payments that are far less than the usual, customary fees. Our professional staff is qualified to care for all of your dental needs!

To enroll, simply fill out the enclosed form & return it with your check, money order or credit card information. Please make your check or money order payable to Gentle Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$24.92/mo.*
- Individual & Spouse Premium ~ \$20.75/mo.*

*Monthly payment plan is available to patients providing direct deposit or credit card access

Preventive Dentistry

Dental Services	Co-payment
Examination	No Charge
Adult Cleaning (twice per year)	No Charge
Kid's Cleaning (twice per year)	No Charge
X-Rays (every 12 months)	No Charge
Kid's Fluoride Treatment (twice per yea	r) No Charge

Braces

Dental Services	Starting at
Traditional Braces	\$3,999
Invisalign $^{\circ}(\mbox{financing as low as $99/mo.}).$.	\$3,999
Braces Consultation	No Charge

Restorative Dentistry

Dental Services	Co-payment
Filling (one surface)	\$162
Filling (two surface)	\$208
Filling (three surface)	\$250
Filling (four surface)	\$292
Crown	\$1,133
Root Canal (anterior)	\$742
Root Canal (molar)	\$1,146
Root Planing (per quad)	\$220
Dentures (top or bottom)	\$1,500

Other Treatments

Dental Services	Co-payment
Sealants (per tooth)	\$55
Nightguard	\$476
Cosmetic Whitening	\$210
Cosmetic Consultation	No Charge
Emergency Exam	No Charge

Please Inquire About Services Not Listed Here!



Complete This Form to Begin Coverage Today!

THSC INAME	
Last Name	
Middle Initial	Female / Male
Home Address	
City State	Zip
Phone	
Email	
Date of Birth/	
Spouse First Name	
Last Name	
Middle Initial	Female / Male
Date of Birth/	
Enrollment Period	to
$Signature\ (member\ \mathscr{C}\ spouse)$	
	Date
	Date
American Express / Discover / Ma	astercard / Visa
Card Number	
Expiration Date	
Make your check or money order Gentle Dental Care.	r payable to



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