

**IN HOUSE DENTAL PLAN**

**CHILD 12 AND UNDER**

**1 x Comprehensive Exam (or)**

**2 x Annual Exams**

**2 x Cleanings**

**1 x Oral Cancer Screening**

**1 x Fluoride Tooth Desensitizing Treatments**

**1 x Set of Bitewing (or) 1 x Full Mouth Series/Panoramic**

**Any individual X-rays needed throughout the year**

**Total Plan Amount: \$245.00\***

**15% Off:** additional Cleanings, Dental Sealants, Fillings, Core Buildups, Oral Surgery, Crowns, Root Canals.

Not applicable for dental products (toothbrushes, flossers, etc.)

**Patient Name** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Cannot be combined with additional dental insurance plans

No Refunds