



Please check: Initial Enrollment Renewal Membership is payable in full upon joining the program and is non-refundable

Patient Name..... Soc Sec#..... DOB: .....  
Guarantor: ..... Home Ph #..... Business/Cell Ph.#.....  
Address: ..... City: ..... State: ..... Zip: .....  
E-mail Address: .....

**Additional Family Members (living in the same household)**

Name: ..... Relationship: ..... Soc.Sec.#:.....  
.....  
.....

Enrollment Date: ..... Payment Amount: .....

Pay by Credit Card Visa MasterCard Discover

Credit Card No.: ..... Exp.Date: ..... CVV#: .....

E-Mail Address: .....

I understand and accept all terms and conditions of the Teeth R' Us Dental Design Center VIP Program as set forth in this summary and hereby authorize Teeth R'Us Dental Design Center to charge my credit card, (indicated above) if applicable, for the stated payment amount.

Signed: ..... (by Adult Patient of Child's Parent or Guardian) Date: .....