

Congratulations on your commitment to your Oral Health!

Your membership in the LakeCrest Dental Wellness Plan provides you with excellent benefits which will allow you to consistently get the care you need and deserve.

	No Maximums	No Hassles		
No Ins	surance Claims	No Waiting Periods	No Treatment Exclusions	
Signature:				
		Cell Phone:		
		Zip Cod		
Address:				
Additional Members	s - First and Last:			
First Name:		Last Name:		
Date of Enrollment:				
10% Discount on all	orthodontic procedure	es		
20% Discount on all Dentures, etc.)	General Dentistry and	Periodontal treatment. (Fillings	, Crowns, Bridges, Extractions, R	oot Canals,
	•	_	Company Billion Edward	
-	exams, x-rays and rout	ino cloanings		
Your membership b	enefits include:			
Family - \$190				
Individual plus one -	\$145			
Individual - \$95.00				
Wellness Plan Annu	al Membership Fees:			