

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

1. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
2. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
3. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
4. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____

Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



**CENTERS
FOR DISEASE
CONTROL AND
PREVENTION**

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health

Low-Cost Dental Coverage

Premiums for Less Than \$1/day

Enroll Today!

Join Ora-Dent's In-House Premier Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



M. Mehrinfar, DDS, & Associates

2909 Hillcroft Street, Suite A, Houston, TX 77057

713-706-3368

OraDentSmile.com

Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



M. Mehrinfar, DDS, & Associates

- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles

Affordable Dental Coverage for the Whole Family!

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 Ora-Dent.

Low-Cost Dental Coverage

- Individual Premium ~ \$16/mo.*
- Individual & Spouse Premium ~ \$29/mo.*
- Family Plan Premium (2 adults & 2 kids) ~ \$41/mo.*
- Additional Child in Family Premium ~ \$12/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 year).....	No Charge

Braces

Dental Services	Co-payment
-----------------	------------

Traditional Braces.....	\$4,100
Fastbraces™ available.....	Ask for details.
Braces Consultation.....	No Charge

Affordable Dental Coverage for the Whole Family!

Restorative Dentistry

Dental Services	Co-payment
-----------------	------------

Filling (one surface).....	\$158
Filling (two surface).....	\$205
Filling (three surface).....	\$248
Filling (four surface).....	\$282
Crown.....	\$1,033
Root Canal (anterior).....	\$718
Root Canal (molar).....	\$883
Dentures (top or bottom).....	\$1,358

Other Treatments

Dental Services	Co-payment
-----------------	------------

Sealants (per tooth).....	\$42
Nightguard.....	\$455
Cosmetic Whitening.....	\$320
Cosmetic Consultation.....	No Charge
Emergency Exam.....	No Charge

Please Inquire About Services
Not Listed Here!



Complete This Form to Begin Coverage Today!

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____

Spouse's First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

Make your check or money order payable to
Ora-Dent.



2909 Hillcroft Street, Suite A, Houston, TX 77057

713-706-3368
OraDentSmile.com

Patients agree that Ora-Dent co-payments stated must be paid at the time services are rendered. Any service not paid for at the time of service will be billed at usual & customary fees. Coverage premiums are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.