

Please List All Children Under 18 Years of Age

Please Fill Out and Send This Form in Today to Begin Coverage!

1. Child's First Name _____
son/daughter

Date of Birth _____

2. Child's First Name _____
son/daughter

Date of Birth _____

3. Child's First Name _____
son/daughter

Date of Birth _____

4. Child's First Name _____
son/daughter

Date of Birth _____

What is included in The Personal Dental Plan?

- 2 exams and cleanings per year
- All necessary x-rays
- Fluoride treatments
- 15% courtesy on all other dental treatments

*Our commitment to
excellence and preventative
dentistry continues by
offering this dental plan to
help maintain your dental
health at a manageable cost*



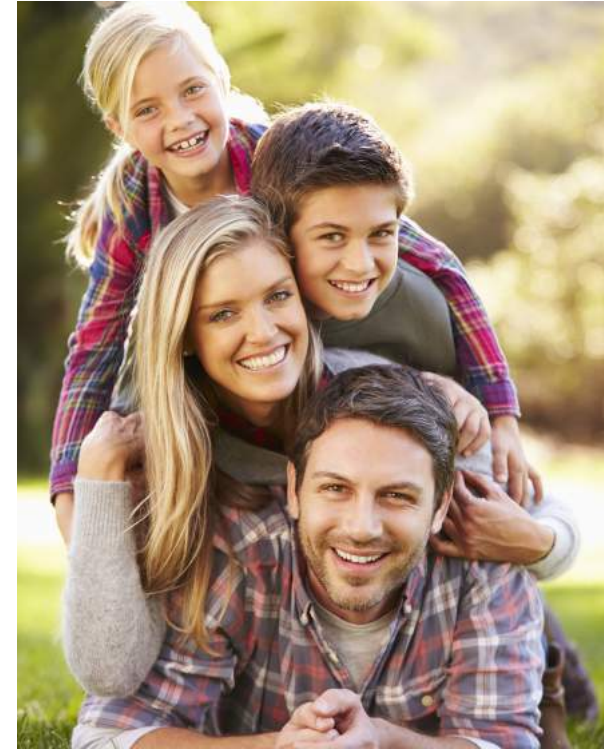
*Advanced Dentistry, LLC
Corina Atanase, DMD*

*33 Main Street, Suite 101
Chatham, NJ 07928*

973-635-0626

*dratanase@gmail.com
www.AtanaseSmiles.com*

*Personal Dental Plan
For You and
Your Entire Family*



*Advanced Dentistry, LLC
Corina Atanase, DMD*

Time to Smile with Confidence!

Dr. Atanase and her team are dedicated to helping you keep your teeth and gums healthy. Oral health is paramount to your overall health. We are a state-of-the-art dental practice that still believes in traditional values such as excellent customer service and individual attention.

Creating a welcoming and relaxing atmosphere is of utmost importance to us, and we're confident that you'll find our office very comfortable and accommodating. Our modern cosmetic and restorative dentistry techniques make it easier than ever for you to walk out with a bright smile that will bring joy in your life.

This dental plan is individual and offered only at our practice. When you see the benefits that this plan offers, our hope is that you will share your thoughts with your friends and family.

A referral from you is the best compliment! Thank you!



How much does it cost?

One year membership in the Personal Dental Plan is:
\$540 / individual
\$1030 / individual & spouse
\$425 / child (under 18)
\$1600 / Family (2 adults & 2 children)

What does it include?

2 professional dental cleanings a year
2 oral exams per year
Oral cancer screening
All x-rays as needed for diagnostic purposes
Fluoride treatments
15% courtesy on all other dental procedures performed at our office

Additionally...

NO deductibles to be met
NO yearly maximums to dictate how much you can get done per year
PERFECT for the Entire Family!

Please Fill Out & Send This Form in Today to Begin Coverage!

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature(s) _____ Date _____

_____ Date _____

Master Card / Visa / American Express / Discover

Card Number _____

Expiration Date _____

Security Code _____

Make Check payable to Advanced Dentistry, LLC

We cordially invite you to call

(973) 635-0626

AtanaseSmiles.com

Patients agree that Advanced Dentistry, LC fees 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. Plan fees are valid only when paid at the time of enrollment. This plan may not be utilized with any special financing, or in combination with dental insurance or any other discounts, and/or coupons. All family members must reside in the same household. This is not an insurance product.