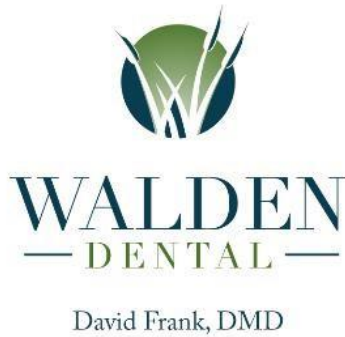




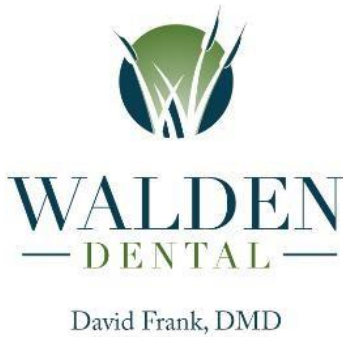
Walden Dental In-Office Dental Plan

(For patients without traditional insurance)

One year of coverage for all services with Walden Dental, including **no charge** for 2 exams, 2 cleanings, and x-rays as needed. In addition, all applicable services* will be offered at **20% off** usual and customary rates.

Annual Premium:

Individual: \$349/Year



Walden Dental In-Office Dental Plan

Plan Agreement Form

Type of Plan: Individual (\$349)

Primary Patient Name: _____

Patient Name: _____

Patient Name: _____

Patient Name: _____

Effective Date: _____

I, _____, have agreed to purchase the Walden Dental Office Plan, which will be applied towards all valid services, and will be active for one year (365 days) from date of purchase. I agree to the reduced fees of this plan, and understand that I am welcome to ask for more information on how this applies to any proposed treatment plans.

Patient Signature