Satilla Family Dentistry

In Office Dental Plan

Application

Please print clearly and answer all questions unless not applicable (N/A)

Personal information:

Name_____ E-mail address_____
Home Address_____
City_____ County_____ State___ Zip_____
SS# (or driver's license #)_____
Home phone # ( ) - Cell # ( ) - Work # ( ) -

Spouse's information:

Name_____ E-mail address_____
Home Address_____
City_____ County_____ State___ Zip_____
SS# (or driver's license #)_____
Home phone # ( ) - Cell # ( ) - Work # ( ) -

Children's information Name:

Name _____ M/F Birthday __/__/____ SS# ___-___-____
Name _____ M/F Birthday __/__/____ SS# ___-___-____
Name _____ M/F Birthday __/__/____ SS# ___-___-____
Name _____ M/F Birthday __/__/____ SS# ___-___-____

Individual **$295**
Each additional family member **$199** X __ = ___
Total (Annual Cost): _____

Applicant's signature _____ Date___/___/_____

Please make **checks** out to: Satilla Family Dentistry

Credit Card: AmEx Discover MC Visa

Card number _____ Exp. date___/___

Cardholder's signature _____

Please mail or drop off completed application with corresponding payment to:

Satilla Family Dentistry
48 Candler Dr
Brunswick, GA 31523