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
200 Hyde Park Commons
Brunswick, GA 31523