

PLEASE FILL OUT & SEND THIS FORM IN TODAY TO START SAVING!

FIRST NAME	MI	LAST NAME	
HOME ADDRESS			
CITY	STATE	ZIP	
E-MAIL		MALE / FEMALE	
DATE OF BIRTH	SSN		
SPOUSE NAME	MI	LAST NAME	
HOME ADDRESS			
CITY	STATE	ZIP	
E-MAIL		MALE / FEMALE	
DATE OF BIRTH	SSN		
ENROLLMENT PERIOD	TO		
SIGNATURE		DATE	
SPOUSE SIGNATURE		DATE	
PLEASE LIST ALL UNMARRII	ED CHILDRE	EN UP TO AGE 20	
FIRST NAME MI LAST NAME (CIRCLE ONE) MALE / FEMALE		FIRST NAME MI LAST NAME (CIRCLE ONE) MALE / FEMALE	
FIRST NAME MI LAST NAME (CIRCLE ONE) MALE / FEMALE		FIRST NAME MI LAST NAME (CIRCLE ONE) MALE / FEMALE	
(CIRCLE ONE) MASTERCAR	D / VISA / DI	ISCOVER / AMERICAN EXPRESS	
CARD NUMBER		EXP DATE CVC CODE	
OR MAKE CHECK P		STERLING DENTAL CENTER	

MAKE CHECK PAYABLE TO: **STERLING DENTAL CENTER** PLEASE MAIL TO: STERLING DENTAL CENTER 21155 WHITFIELD PLACE, SUITE 104 STERLING , VA 20165

Trusted, Comfortable Dental Excellence

OUR MISSION

We offer a discounted fee schedule for most services, only good at Sterling Dental Center. You save on everything from cleanings & fillings to cosmetic procedures & crowns!

START SAVING TODAY!

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

OUR PLAN INCLUDES THE FOLLOWING SERVICES AT NO CHARGE:

- » Comprehensive Exam (Once every 6 months)
- » X-Rays (Once every 12 months)
- » Cleaning (Prophylaxis) (Once every 6 months / Twice per calendar year)
- » Fluoride Treatment for Children (Under the age of 18 / Once every 6 months)
- » Emergency Exam (Exam + X-Ray / Once per calendar year)



21155 WHITFIELD PLACE SUITE 104 STERLING , VA 20165

WE CORDIALLY INVITE YOU TO CALL (703) 433-0234

OR VISIT US ONLINE AT COMFORTFIRSTDENTALSTERLING.COM

AS LOW AS 98¢/day Offordable DENTAL COVERAGE For You & Your Entire Family









WE'RE MAKING EXCELLENCE IN DENTISTRY AFFORDABLE FOR YOU!



OR EMAIL US: STERLINGDENTALCENTER@GMAIL.COM WWW.COMFORTFIRSTDENTALSTERLING.COM

Now you can join our low-cost dental plan for a nominal membership fee. Our plan entitles you to preventative 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 our the enclosed enrollment form & return it with your check, money order or credit card information. Please make checks or money orders payable to Sterling Dental Center.

Valid for one year from date of sign up.



THIS IS A MEMBERSHIP PLAN - NOT AN INSURANCE PLAN



STERLING DENTAL CENTER VIP Dental Plan

PREVENTATIVE DENTAL CARE (Included in Membership)

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Examination	No Charge	\$99
X-Rays (Every 12 months) (4 bitewings)	No Charge	\$72
X-Rays (Every 12 months) (FMX)	No Charge	\$144
Adult Cleaning (Every 6 months)	No Charge	\$103
Child Cleaning (Every 6 months)	No Charge	
Fluoride Treatment	No Charge	\$76

FILLINGS

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
1 Surface (Composite/Tooth-Colored)	\$156.40	\$184
2 Surfaces (Composite/Tooth-Colored)	\$194.65	\$229
3 Surfaces (Composite/Tooth-Colored)	\$234.60	\$276
4 Surfaces (Composite/Tooth-Colored)	\$295.80	\$348

COSMETIC DENTISTRY

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Cosmetic Whitening	\$255	\$300
Veneers	\$1,060	\$1,248

LOW-COST DENTAL PLANS

- » INDIVIDUAL \$29.99/MO*
- » INDIVIDUAL & SPOUSE \$49.98/MO*

» ADDITIONAL FAMILY - \$24.99/MO*

*Monthly payment options for credit card ONLY. *Fees subject to change without notice.

PERIODONTICS

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Periodontal Maint.	\$130.00	\$154

ORTHODONTICS

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Invisalign (Financing available - as low	\$5,525 as \$99 per month)	\$6,500
Nightguard	\$579.70	\$682

CROWNS/BRIDGES/DENTURES

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Porcelain Crown	\$1,060.00	\$1,248
Crown to High Noble Metal	\$1,141.55	\$1,343

OTHER TREATMENTS

SERVICE	CO-PAYMENT	REGULAR FEES (as much as)
Cosmetic Consultation	\$47	\$200
Emergency Exam	\$71.46	\$84
Molar Root Canal	\$929.50	\$1,094
Dental Implant	\$1,923.55	\$2,263

Office scheduling & financial policies apply

