

Complete This Form to Begin Coverage Today

Please List All Children You Wish to Enroll

1. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
2. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
3. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____
4. Child's First Name _____
Middle Initial _____ Son / Daughter
Date of Birth _____

Stay Healthy With Regular Cleanings!

Cleanings Help Protect You & Your Family From:

- Heart Disease • Strokes • The Worsening of Asthma
- The Worsening of Diabetes • Helps Ensure Healthy Pregnancy
- Reduces Chances of Alzheimer's • Reduces Chances of Dementia

Sources: National Institute of Health, NYU, University of Pennsylvania Dental School, Journal of Alzheimer's Disease, Penn Medicine, British Dental Journal & Many More.

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Low-Cost Dental Coverage

Premiums for Less Than \$1/day

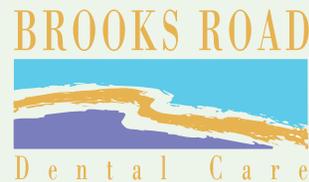
Enroll Today!

Join Brooks Road Dental Care's In-House Premier Dental Coverage

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

Healthy Gums Improve Your Overall Health

Research has linked gum disease to health problems like diabetes, heart disease, dementia & respiratory infection. Regular dental cleanings can help you stay healthy & increase your lifespan. Call today for your dental cleaning.



8968 Brooks Road South, Windsor, CA 95492

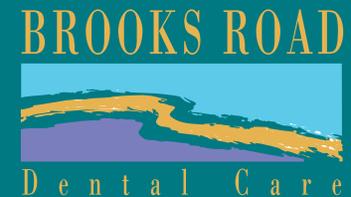
707-837-2150

BrooksRoadDentalCare.com

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Easy & Affordable Dental Coverage

Premiums for Less Than \$1/day



- All Health Conditions Accepted
- No Deductibles or Maximums
- No Health Questions or Hassles

Affordable Dental Coverage for the Whole Family!

Now you can join our low-cost dental coverage for a nominal membership premium. Our coverage entitles you to preventive 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 out the enclosed form & return it with your check, money order or credit card information. Please make your check or money order payable to Brooks Road Dental Care.

Low-Cost Dental Coverage

- Individual Premium ~ \$257/yr.
- Individual & Spouse Premium ~ \$446/yr.
- Family Plan Premium (2 adults & 2 kids) ~ \$678/yr.
- Additional Child in Family Premium ~ \$127/yr.

Preventive Dentistry

Dental Services	Co-payment
-----------------	------------

Examination.....	No Charge
Adult Cleaning (twice per year).....	No Charge
Kid's Cleaning (twice per year).....	No Charge
X-Rays (every 12 months).....	No Charge
Kid's Fluoride Treatment (twice per year).....	No Charge

Braces

Dental Services	Co-payment
-----------------	------------

Invisalign® (financing as low as \$199/mo.).....	\$5,624
Damon System.....	\$5,624
Braces Consultation.....	No Charge

Restorative Dentistry

Dental Services	Co-payment
-----------------	------------

Filling (one surface).....	\$287
Filling (two surface).....	\$329
Filling (three surface).....	\$370
Filling (four surface).....	\$389
Porcelain Crown (per unit).....	\$1,347
Root Canal (anterior).....	\$908
Root Canal (pre-molar).....	\$1,139
Root Canal (molar).....	\$1,363

Other Treatments

Dental Services	Co-payment
-----------------	------------

Soft-Tissue Management (per quad).....	\$293
Periodontal Maintenance.....	\$149
Cosmetic Whitening.....	\$373
Cosmetic Consultation.....	No Charge

Please Inquire About Services
Not Listed Here!



Complete This Form to Begin Coverage Today!

First Name _____

Last Name _____

Middle Initial _____ Female / Male

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date of Birth ____/____/____

Spouse's First Name _____

Last Name _____

Middle Initial _____ Female / Male

Date of Birth ____/____/____

Enrollment Period _____ to _____

Signature (member & spouse) _____

_____ Date _____

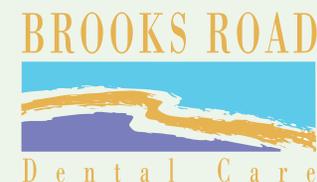
_____ Date _____

American Express / Discover / Mastercard / Visa

Card Number _____

Expiration Date _____

Make your check or money order payable to
Brooks Road Dental Care.



8968 Brooks Road South, Windsor, CA 95492

707-837-2150

BrooksRoadDentalCare.com

Patients agree that Brooks Road Dental Care co-payments stated 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. Coverage premiums are valid only when paid at the time of enrollment. All family members must reside in the same household. This is not an insurance product. Membership renews annually on the day & month of initial enrollment. Membership renews automatically unless member formally requests otherwise in advance.