



5% SAVINGS FOR RESTORATIVE TREATMENT

Name: _____ (please print)

FINANCIAL AGREEMENT

Treatment covered by this agreement:

Major Restorative Treatment (as required)

FINANCIAL ARRANGEMENT

I, _____, understand that a courtesy discount of 5% is provided if treatment is paid three or more business days prior to the start of treatment. Please update my account to reflect that I want the 5% savings for future major restorative appointments and I authorize the office of Mebs Sayani to debit the credit card I have left on file the appropriate charges

COMMENTS

*I understand that changes in my treatment plan can occur and therefore, that the actual fee may vary from the estimate.

Initial: _____

Initial of: _____ (please print)

*I understand that I, not my insurance company, am responsible for payment in full for all care.

Initial: _____

Initial of: _____ (please print)

Signed at the City of Calgary on _____ 20 _____.

Call today for a free smile evaluation!

TERRA DENTAL CARE

DR. MEBS SAYANI PROFESSIONAL CORPORATION

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