

# 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 \_\_\_\_\_

## Your Safety Is Our Top Priority

We have improved our already extremely rigid sterilization standards in order to virtually eliminate the possibility of disease transmission to both staff & patients in our office.



CENTERS FOR  
DISEASE CONTROL  
AND PREVENTION

- The Most Advanced Antiseptic Procedures to Meet or Exceed Strict CDC Guidelines
- Heat-Sterilized Instruments & Filtered Water Lines
- Continual Disinfection of Our Office
- Knowledgeable Staff Who Care Deeply About Community Health



# Low-Cost Dental Coverage Premiums for Less Than \$1/day

## Enroll Today!

### Join Lakefront Smiles' In-House Premier Dental Coverage

- All Health Conditions Accepted!
- You Cannot Be Denied Coverage!
- No Deductibles!
- 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.



LAKEFRONT SMILES  
—Trusted Family Dental Care—

4707 Quail Lakes Drive, Suite 200B  
Stockton, CA 95207

209-337-4500

LakefrontSmiles.com

# Affordable Dental Coverage

Premiums for Less Than \$1/day



LAKEFRONT SMILES  
—Trusted Family Dental Care—



Further  
Heightened  
Sterilization  
Standards!

- 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 fee. 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 enrollment form & return it with your check, money order or credit card information. Please make your check or money order payable to Lakefront Smiles.

## Low-Cost Dental Coverage

- Individual Premium ~ \$299/yr.
- Individual & Spouse Premium ~ \$449/yr.
- Family Plan Premium ~ \$599/yr.  
(individual & up to 3 family members)
- Additional Family Members Premium ~ \$149/yr.  
(for each additional member)

## Preventive Dentistry

Dental Services	Co-payment
Examination.....	No Charge
X-Rays (every 12 months) .....	No Charge
4 Bitewing X-Rays (every 12 months) .....	No Charge
Adult Cleaning (every 6 months) .....	No Charge
Children's Cleaning (every 6 months) .....	No Charge
Fluoride Treatment for Children (every 6 months) .....	No Charge

## Orthodontics

Dental Services	Co-payment
Traditional Braces .....	\$4,521
Invisalign® .....	\$4,521

## Restorative Dentistry

Dental Services	Co-payment
Filling (one surface) .....	\$148
Filling (two surface) .....	\$179
Filling (three surface) .....	\$215
Filling (four surface) .....	\$265
Crown .....	\$1,019
Root Canal (anterior) .....	\$666
Root Canal (molar) .....	\$765
Dentures (top or bottom) .....	\$1,402

## Periodontics

Dental Services	Co-payment
Soft Tissue Management (per quadrant) .....	\$219
Periodontal Maintenance .....	\$125

## Other Treatments

Dental Services	Co-payment
Emergency Exam .....	No Charge
Sealants (per tooth) .....	\$49
Nightguard .....	\$484
Cosmetic Whitening (per arch) .....	\$289
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 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 Lakefront Smiles.



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 — Trusted Family Dental Care —

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 Stockton, CA 95207

**209-337-4500**  
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Patients agree that Lakefront Smiles fees 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 fees 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.