



NORTH COUNTRY DISCOUNT PROGRAM

This is an agreement between J. Brett Ryan DMD, PC and _____ is established on _____ and will expire on _____. For this period of 12 months, J. Brett Ryan DMD, PC is pleased to offer above patient the following for an annual membership fee of \$20...

- 10% discount on all dental treatment
- 10% off all dental products purchased in office
- 50% off on professional teeth whitening

Note: Additional family members or coworkers may be added at an additional savings of 25%

The patient agrees to the following... Attend all appointments at the scheduled times; give minimum 24 hours notice for rescheduling appointments; comply reasonably with dentist's recommendations; make on-time payments (maximum savings achieved by paying in full); refer friends, family, coworkers, and neighbors when pleased with our quality and services.

Patient's Signature: _____

Date: _____