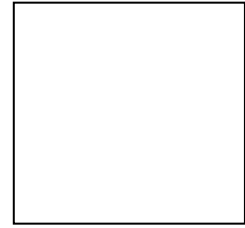


REGISTRATION FORM



Patient ID \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email ID \_\_\_\_\_  
Plan Type \_\_\_\_\_

Date of Registration \_\_\_\_\_  
Date of Expiry \_\_\_\_\_

I / We have read the terms and conditions and agree.

I / We would like to take the

- DCJ PLAN INDIVIDUAL
- DCJ FAMILY PLAN
- DCJ FAMILY EXTENDED PLAN

I am here with enclosing the payment of the card and the registration charges of Rs 250

Signature

Name

Date

# DCJ Dental Plan

## DCJ PLAN INDIVIDUAL --→Rs. 1000

1. Free consultation & Digital x-rays (2 nos.)
2. One Oral Prophylaxis (scaling and polishing -1 no.)
3. 5 % discount on routine dental procedures
4. Valid for one year.

\* Conditions apply

## DCJ FAMILY PLAN -→Rs.3000 (2+2) or (2+1)

### 2 Adults and 1 or 2 Children

1. Free consultation & Digital x-rays (2 nos. per person)
2. One Oral Prophylaxis(scaling and polishing -1 no. per person)
3. 5 % discount on routine dental procedures
4. Children below 14 years
5. Valid for one year.

\* Conditions apply

## DCJ FAMILY EXTENDED PLAN -→Rs.5000 (2+2+2)

### 4 Adults and 1 or 2 Children

1. Free consultation & Digital x-rays (2 nos. per person)
2. One Oral Prophylaxis(scaling and polishing -1 no. per person)
3. 5 % discount on routine dental procedures
4. Children below 14 years
5. Valid for one year.

\* Conditions apply

## Terms and conditions of the Annual Dental Plan

1. One time Registration charges of Rs 250/-
2. Card is Non refundable and Non-transferable
3. Children are up to 14 years of age.
4. For Children scaling and Fluoride application will be done.
5. After 14 years opt for individual Plan
6. OPG (Full mouth x-ray) is not included in the plan
7. If the card is lost, Duplicate card charges of Rs 200/- is levied.
8. Photographs to be enclosed
9. They should have prior appointment for Scaling
10. 10% discount on routine dental procedures for senior citizens