

**DR. CHAMBERLIN'S DENTAL ASSURANCE
PLAN FOR CHILDREN THIRTEEN (13) AND
UNDER**

- 2 Yearly preventive visits (a savings of \$47)
- Includes cleaning, check-up x-rays, and exam (Reg. \$267)*
- Supports patients in maintaining optimal oral health

Cost of DAP - \$220

Patient: _____

Premium Paid \$ _____

Coverage Dates _____ to _____
(7 months)

Please note that patient's second cleaning and exam must be on or before the coverage end date as indicated above. Otherwise, patient forfeits the amount previously paid.

Patient or Guardian Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____

*Does not include possible Fluoride or Varnish treatments.

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