

STONEHAVEN DENTAL

Comprehensive Dental Plan

Application New Renewal

Print Clearly in black ink, and answer all questions or indicate "not applicable."

Preferred Dental Office Location: _____ Referred by _____

Your Profile

Name _____ Sex M F Email Address _____
Social Security # _____ or Drivers License # _____
Address (not a P.O. Box) _____
City _____ Country _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

Your Spouse's Profile

Name _____ Sex M F Email Address _____
Social Security # _____ or Drivers License # _____
Address (not a P.O. Box) _____
City _____ Country _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

Your Family's Profile

Name _____	Sex M F	Age _____	Social Security # _____
Name _____	Sex M F	Age _____	Social Security # _____
Name _____	Sex M F	Age _____	Social Security # _____
Name _____	Sex M F	Age _____	Social Security # _____
Name _____	Sex M F	Age _____	Social Security # _____

Member Signature _____ Date _____

Please mail this completed application with appropriate payment (check or credit card) to:

Stonehaven Dental Make check payable to Stonehaven Dental.
181 N. 1200 E.
Lehi, UT 84043
(801)766-3600

CIRCLE ONE:

Single	\$227.00
Dual	\$439.00
Family	\$698.00

Credit Card number _____ Expiration Date: _____

Authoraization Signature: _____ Visa Master Card Amex

FOR OFFICE USE ONLY

___ Plan in Family File ___ Ledger correct ___ Email welcome ___ Scanned into doc center