

Oakridge Dental Solutions gives patients the quality dental care that they have grown accustomed to receiving, at a reduced rate.

Oakridge Dental Solutions can only be used by patients that do not have dental insurance. It cannot be used along with any other dental plan, or in any other dental professional office.

Effective July, 01 2009, Oakridge Dental Solutions is a free yearly program that renews one year to the date of membership.

The percentages listed indicate the amount a member will receive off of the original price of each procedure.

**Preventative**

|  |     |
|--|-----|
| Prophylaxis (cleaning)                     | 80% |
| Topical Fluoride                           | 80% |
| X-rays                                     | 25% |
| Limited Oral Examination (problem related) | 25% |
| Comprehensive Oral Exam (first visit)      | 85% |
| Periodic Examination                       | 85% |
| Oral Hygiene Instructions                  | N/C |

**Periodontal (Gum)**

|                         |     |
|-------------------------|-----|
| Scaling & Root Planing  | 20% |
| Full mouth debridement  | 20% |
| Periodontal maintenance | 20% |

**Restorative**

|                        |     |
|------------------------|-----|
| Tooth colored fillings | 20% |
| Crowns and Bridges     | 20% |

**Cosmetic**

|           |     |
|-----------|-----|
| Whitening | 10% |
|-----------|-----|

**Orthodontics Related**

|                   |     |
|-------------------|-----|
| Retainers         | 20% |
| Space Maintainers | 20% |

**Prosthetics**

|                     |     |
|---------------------|-----|
| Dentures & Partials | 20% |
| Flippers            | 20% |

**Repairs**

|  |     |
|--|-----|
| Dentures & Partials                        | 10% |
| Flippers & Mouth Guards                    | 10% |
| Re-cementation of existing crown or bridge | 10% |

**Root Canal Therapy** 20%

**Surgical Procedures** 20%

**Oral appliances** 20%

There is no charge for adjusting the fit of a crown, bridge, filling, denture, partial or any other appliance. Your comfort and happiness is important to us.

\*Discounts do not apply to products or medications sold or recommended by Oakridge Dental Center.

Patients must pay at the time of service. We accept all major credit cards and a Care Credit plan that offers no interest for up to one year. Restrictions may apply to approved Care Credit users and applicants.

This plan does not cover services for injuries covered under workman's compensation, cost of dental care which is covered under automobile medical no-fault or similar insurance.

**ENROLLMENT FORM**

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**LAST NAME/FIRST NAME**

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**SPOUSES LAST NAME/FIRST NAME**

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**DEPENDANTS**

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**HOME ADDRESS**

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**CITY/STATE/ZIP CODE**

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**AS A SUBSCRIBER, I WISH TO APPLY FOR MEMBERSHIP IN THE OAKRIDGE DENTAL SOLUTIONS PROGRAM. I UNDERSTAND THAT ALL SERVICES UNDER THIS PROGRAM MUST BE OBTAINED AT OAKRIDGE DENTAL CENTER, AND FURTHER THAT MY CO-PAYMENT WILL BE DUE IN FULL AT THE TIME SERVICE IS RENDERED. THIS IS NOT AN INSURANCE PROGRAM, AND IS SUBJECT TO CHANGE AT THE TIME OF RENEWAL.**

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**SIGNATURE/DATE**

# ENROLLMENT FORM

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LAST NAME/FIRST NAME

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SPOUSES LAST NAME/FIRST NAME

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DEPENDANTS

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SIGNATURE/DATE

## OAKRIDGE DENTAL SOLUTIONS



Oakridge Dental Center

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