Patrick Sherrard DMD
your smile, portland-style

The In-Office Dental Plan from Patrick Sherrard, DMD, PC, is a membership-based program that lets you decide when to visit. Your membership fee entitles you to realize savings on a full range of services. And because this plan is not insurance, you are not paying monthly premiums for services you may or may not use.

Who Is Eligible?

You are. Once you pay the membership fee in full, you're in. That's it. No waiting period, no claim forms to fill out, and no deductibles to worry about.

$490 Individual (annually)

$800 Individual + spouse

$339 Each additional

Our patient-loyalty benefit will save you money every plan year on preventive care and beyond! Relax — you have one of Oregon's best dental plans at your service.

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DrSherrard.com

503.246.4712

9053 SW Beaverton Hillsdale Hwy
Portland, OR 97225

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In-Office Dental Plan

DrSherrard.com

Patrick Sherrard, DMD, PC, is pleased to offer an in-office dental plan for our patients who do not currently have dental coverage. This plan allows our patients to receive optimal dental care while regularly maintaining their oral health.

The path to membership is short and easy

1. **Complete** an enrollment application and return the form to our practice.
2. **Your membership** is valid as soon as you sign up.
3. **Visit our practice** to start treatment and start saving.

Plan Benefits

Preventive care

- ✔ Exams (2 per year)
- ✔ Four bitewing and three periapical x-rays per year
- ✔ Basic cleaning (2 per year)
- ✔ Fluoride treatment (2 per year)
- ✔ Emergency exam (1 per year)

Other procedure costs

- 15% off regular fees for routine general dentistry
- 10% off regular fees for restorative and cosmetic dentistry

For a complete list of all discounted fees included in this plan, contact us at 503.246.4712.

Enroll today

Complete the form or visit DrSherrard.com.

Name _____

Address _____

City _____ ZIP _____

State _____ Ph. # _____

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Dependent Name _____

DOB _____ Relationship _____ ☐ M ☐ F

Payment options

Please check appropriate option(s):

☐ $490 Individual (annually)
☐ $800 Individual + spouse
☐ $339 Each additional

Method of payment

Check one:

☐ Visa ☐ MasterCard ☐ Cash ☐ Check

Name on card _____

Account # _____

Expiration Date _____ CVC _____

Authorization

I understand the plan description of service and membership agreement will be provided prior to enrollment upon request. I agree that you will bill my credit card account automatically to renew my membership each year. I understand that I may cancel my membership at any time.

Signature _____

Date _____