For more information about this plan, please contact our office.

972-790-5055 ranaleedds@verizon.net

Rana Lee, D.D.S., P.A. 2204 W. Shady Grove Rd.

Lee Dental Plan



Rana Lee D.D.S., P.A. 2204 W. Shady Grove Rd. Irving, Texas 75060

Tel: 972-790-5055



We are offering an in-office dental plan to help you receive quality, affordable dental care in our practice.

This plan is exclusive to the office of Rana Lee D.D.S. and is the only discount plan accepted in our office.

This plan can not be used in conjunction with other dental insurance.

We reserve the right to change or discontinue the plan with reasonable notice to the plan participants.

Percentage Of Discount

| Diagnostics | 30% | |
|----------------------------------|------|---|
| Exams and X-rays | | |
| Preventive | 30% | |
| Adult Cleaning | 3070 | |
| Child Cleaning | | |
| General Restorative | 30% | |
| Fillings | 3070 | |
| Major Restorative & | 25% | |
| Endodontics | | |
| Crowns, Bridges & Root Canals | | |
| | | |
| Oral Surgery | 25% | |
| Simple Extractions | | l |
| Surgical Extractions | | l |
| Removable | 25% | |
| Prosthodontics | | ١ |
| Dentures and Partials | | ١ |
| Periodontics | 25% | ١ |
| Gum Treatments | 2370 | I |
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| Cosmetic Bleaching at a discount | | |
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| Sign u | p for: | Annual Premiu |
|-----------|---|--------------------------------|
| ☐ Ind | ividual | \$110 |
| ☐ Fan | nily | \$17 O |
| ☐ Ent | ire Household | \$22 0 |
| | | Total: |
| Name | , | |
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| Enroll | ees Names | |
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| ☐ Visa | ercard | Exp. date |
| Visa Mast | ercard over ard # | Exp. date 3-digit Card Code |
| Visa Mast | ercard over ard # | 3-digit Card Code |
| Visa Mast | re Rana Lee, D.D.S., P., 2204 W. Shady Gro | 3-digit Card Code |

Ranaleedds.com