Our Mission

Our practice is committed to helping people keep their natural smile for a lifetime.

To achieve that goal, we strive to provide dentistry of the highest possible quality in a caring, comfortable environment.

We enjoy people and making new friends, and we are dedicated to treating each patient as a member of our family.





Regency Dental Of Port St. Lucie

271 SW Port St. Lucie Blvd. 910 SW St. Lucie West Blvd. 10430 SW Village Center Drive Port St. Lucie, FL

Phone: 772-785-9515 Fax: 772-785-5308 Email: rdstaff@regencydental.org



Regency Dental Of Port St. Lucie

Regency Patient Club



Regency Dental Of Port St. Lucie

Tel: (772) 785-9515

Membership



We are here to help keep your smile healthy!

Regency Patient Club provides dental services to members that do not have dental insurance, and would like to have treatment at Regency Dental of Port St. Lucie. Once you become a member, your membership is accepted at all 3 Port St. Lucie locations, and is valid for one year.

Membership Fees:

Membership fees are paid once per year. The yearly membership fee for each patient is \$129.00.

Membership Benefits:

Each member will receive:

150—Comprehensive Oral Evaluation (1st Appointment)

274—4 Bitewing X-rays (2 per year)

330—Panoramic X-ray (1st Appointment)

120-Periodic Oral Evaluation (1)

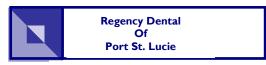
Total Value \$292.00 of Regency Regular Cost Effective Fee.

Each member will also have a reduced Regency Fee Schedule for all procedures offered at all locations.



Membership Application

Patient Name	
Address	
Phone	
E-Mail Address	
Patient Date of Birth	
Method of Payment	
Check	MasterCard
Discover	Cash
Visa	
policy or discount plan. Benefits a St. Lucie's 3 locations., and servic provider. Services performed or re- terms of this membership. Benefit	not be used in conjunction with any insurance we only available at Regency Dental of Port was that are provided by a Regency Dental of evived outside of this office not subject to the is are only available during the policy period, of we not effective after the expiration date, or transferable between patients.
Signature	Date
For Administrative Purposed Only:	
Patient Membership #:	
Membership Effective Date:	
Membership Expiration Date:	



www.regencydental.org