

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

This is not an insurance, and cannot be used in conjunction with any insurance policy or discount plan. Benefits are only available at Regency Dental of Port St. Lucie's 3 locations., and services that are provided by a Regency Dental provider. Services performed or received outside of this office are not subject to the terms of this membership. Benefits are only available during the policy period, of one year. Reduced fee or services are not effective after the expiration date. Membership fee is not refundable, or transferable between patients.

Signature _____

Date _____

For Administrative Purposed Only:

Patient Membership #:

Membership Effective Date:

Membership Expiration Date:



**Regency Dental
Of
Port St. Lucie**

www.regencydental.org