

**Iverson Dental**  
**2627 N Hwy 162, PO Box 900**  
**Eden, UT 84310**  
**(801) 745-3882, Fax (801) 745-6207**

**On Call Club**

We would like to introduce a money saving opportunity to our patients! It is called the ON CALL CLUB. As an OCC member, you will be eligible for a 20% discount on future hygiene (exam and cleaning) visits. Your responsibility as a club member is to help us reduce the cost of "lost time" by being available to fill our "short notice" openings.

***Here's HOW it works...***

1. We will no longer ask you to schedule your hygiene visits in advance.
2. Three weeks before the date you are due, we'll send you a card alerting you to expect our call.
3. We will then call you when a short notice cancellation occurs and an appointment becomes available.

***Here's WHY it works...***

1. The lost time that results from short notice cancellations is extremely expensive to our practice.
2. When you are available to fill the "lost time" you help us reduce this expense.
3. We then return the favor by passing the savings back to you!

***WHO is eligible to participate...***

1. Patients who are committed to maintaining their oral health.
2. Patients who are flexible in their scheduling needs.
3. Patients who do not have dental insurance or a discount plan.
4. Patients who pay in full at the appointment.
5. Patients willing to see any hygienist.

***MEMBERSHIP Rules...***

1. We will call you within 3 weeks of the day you are due.
2. You may not designate times of day that you can only come in. Must be willing to come in at any time during the day.
3. We will call you up to 3 times with an appointment. Because we are concerned about your dental health, if you are unavailable for all of the offered appointments, we will ask that you schedule an advance appointment at a time that will be convenient for you and no discount will apply to that appointment.
4. 20% discount is the maximum. No other discounts will apply.
5. Payment is due at the time of service.

***If you wish to join the ON CALL CLUB please fill out the section below and return to our office. We'll do the rest!***

Patient name(s): 1. \_\_\_\_\_ Age \_\_\_\_\_  
2. \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_ Age \_\_\_\_\_  
4. \_\_\_\_\_ Age \_\_\_\_\_

Please provide any phone numbers where we can call to let you know about the openings. We usually only have less than a day's notice so we like to find you as early as possible.

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_