

Privilege Card



Benefits:

- Price **2%*** OFF your treatment cost if you pay in cash, OR
- Enjoyed **Panel/Group Pricing**(apply seperately with group):Panel minimal priced at RM80 for regular cleaning (within 12 months from the last cleaning, in any U Dental Branches), RM80 for filling (1 surface), OR
- **10%-15%** OFF on dental products or souvenirs less than RM300 selling price, OR
- Free gift toy 8cm x5cm (medium, subject to availability), OR
- VIP/Subsidized Parking Lot on your next appointment, or if the lot is taken the clinic will subsidize the parking coupon for the time of your entry to leaving the counter (subject to availability at Bukit Indah, Sentosa and Molek)
- Free dental check-up on your birthday month, by appointment.
- Free gifts or discounted prices for members' merchandise.
- Included in the **Member Referral Program**. (Please get one or two Referral Card from the counter: Token of appreciation will be given to the members that recommend us to their friends). Free limited edition soft toy for every successful referral for free dental checkup. In addition, RM500 cash treatment electronic voucher for the first referral, RM300 for the second referral, if the referred friends subscribed to any treatments more than RM3000 such as braces/implant/crown/veneer. To entitle for the cash treatment voucher, i) the referral card must bear the sticker of the referrername, ii) your friend/relative submitted your referral card (to the doctor, directly) on their arrival of the first consultation.



Lovely Toy Bears, and/or Free Cleaning /Xray Welcome Voucher for New Panel (subject to stock availability)



Free gifts or special price merchandise



Referral card for member referral program



Online Group/Panel Application Form

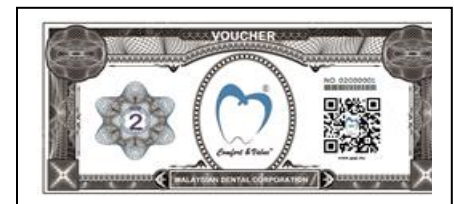


Scan QR Code for Online Group/Panel Application

- **3-5%** OFF on Flexi Payment –For Deposit more that RM3000 e.g crown/bridge/implant/ortho) and paid by Flexi Payment Scheme of customer's own credit card. (3% if repayment in 6 months, 4% if less than 12 months and 5% less than 18 months)

Terms and Conditions:

- Eligibility to Enroll as a member:
 - For Dental Treatments: RM100 on single receipt (none-combined bill), or
 - For Dental Products: RM200 on single receipt (none-combined bill), or
 - Issued by your attending doctors, OR
 - Apply at our counter by a fee of RM10 (Renewal needed every 2 years, waived if total purchases of product and services more than RM200 in 24 months)
- The card remains the property of the card issuer, and the card holders shall agree on terms and conditions published and with immediate effect, in our notice board and/or website and updatable from time to time without prior notice to the card holders.
- The card can be used at locations listed at the back of the card. New locations may be added over time and announcement will be made on the notice board and/or website.
- Within the limitations of the laws, the card issuer shall have the final interperation right of all the aspects of the cards.
- *2% OFF your treatment cost if you pay in cash, rounded to the LOWER RINGGIT. i.e RM5.6 will be rounded to RM5.00. This is not a discount but is a concession/saving pass to the customers due to reduced credit card processing and manpower cost.
- All concessions/offers or 2% OFF can not be used/redeemed with other concession offers/cash/treatment voucher.
- No two vouchers (paper or electronic) issued by the clinics can be used in 1 day. However paper vouchers from our partners (e.g. Malaysian Dental Corporation) can be used for the purchase of Dental Products in addition to the users' privileges stated herein.
- The card can be used on any location as stated at the back of card. Additional locations shall be notify on th the notice board and/or website. The concession can be redeemed from any doctor on duty not necessary the doctor issuing the card.
- Panel/Grop Pricing: Please apply seperately by filling request on application form or apply online. Minimal 2 persons required per group/panel, family members or friends. Pre-appointment needed. Specific dental therapist (subjected to approved treatment scope of the laws) or/and doctor will be assigned.
- If a gift is out of stock, the clinic shall replace it with an item of similar or higher value.
- The prices, percentages, quantity, conditions, benefits etc. are correct at the time of printing. The clinics shall reserve the to amend by notice on the notice boards and/or internet.





Panel/Group Pricing Application Form

(Minimal 2 Persons)

Online Registration Link

	Name as NRIC or Passport	Birth Date (DD/MM/YYYY)	Gender (Female/Male)	NRIC (Passport Number if None Malaysian)	Handphone Number	Email
Apply By Participant 1:		DD/MM/YYYY	<input type="checkbox"/> F <input type="checkbox"/> M			@
Participant 2:		DD/MM/YYYY	<input type="checkbox"/> F <input type="checkbox"/> M			@
Participant 3:		DD/MM/YYYY	<input type="checkbox"/> F <input type="checkbox"/> M			@
Participant 4:		DD/MM/YYYY	<input type="checkbox"/> F <input type="checkbox"/> M			@
Participant 5:		DD/MM/YYYY	<input type="checkbox"/> F <input type="checkbox"/> M			@

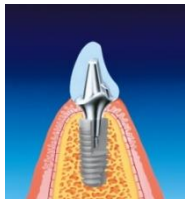
Please select the branch that you want to go (same branch for the whole group):

U DENTER CENTER	<input type="checkbox"/> Taman U
U DENTAL SPECIALIST CLINIC	<input type="checkbox"/> Bukit Indah

The person who apply certify the he/she is authorise to apply on behalf of all participants of the whole group

The whole group have read and agree to the terms and conditions of panel/group.

Signature of Person Who Apply: _____ (X)



<p>GENERAL /FAMILY DENTISTRY 一般/家庭牙科 PERGIGIAN BIASA/SEKELUARGA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic examination 检查/咨询 <i>Permeriksaan Permulaan dan Perundingan</i> <input type="checkbox"/> Routine scaling and powder /air polishing 洗牙 <i>Cuci dan polish gigi</i> <input type="checkbox"/> Preventive 预防牙科 <i>Pencegahan</i> <input type="checkbox"/> Fissure sealant 凹沟充填 <i>Tutup lekuk permukaan gigi</i> <input type="checkbox"/> Topical Flouride局部氟化物治疗 Florida untuk mengeraskan permukaan gigi <input type="checkbox"/> Fillings 洗牙 <i>Tampalan</i> <input type="checkbox"/> Extractions 拔牙 <i>Cabutan</i> <input type="checkbox"/> Wisdom teeth removal 拔/阻生智慧牙 <i>Pembedahan gigi geraham bongsu</i> <input type="checkbox"/> Comprehensive examination and diagnosis with treatment plans 全面检查和诊断以治疗计划 <i>Pemeriksaan dan rancangan rawatan terperinci</i> <input type="checkbox"/> Radiography: : ntra-oral, Panoramic, Orthodontic and 3D Xray X光: 牙根/牙缝, 口部全景, 侧部/绑牙, 3DX光 	<ul style="list-style-type: none"> <input type="checkbox"/> Braces/ Orthodontics 牙科矫形 (绑牙) <i>Ikat Gigi</i> <ul style="list-style-type: none"> • Children / Students and Adults • Fixed braces or Removable • Translucence or tooth coloured brackets • Growth modification for children • Close gaps for adult missing teeth • “Invisible”braces:WhiteSmile/Invisalign <input type="checkbox"/> Metal Free Crowns, Bridges & Veneers牙冠 <ul style="list-style-type: none"> • CAD/CAM Chairside one day crown • 电脑设计, 椅旁牙冠, 一天完成 <input type="checkbox"/> Veneer 瓷贴面 <i>Veneerpermukaan</i> <input type="checkbox"/> Restorative 牙齿修复 <i>Pemulihan</i> For badly/frequently broken teeth <input type="checkbox"/> Crown 套牙 <i>Sarunggigi</i> <ul style="list-style-type: none"> • Metal/gold • Full porcelain/Alumina/Zirconia/Procera • Mixed (metal+porcelain) <input type="checkbox"/> Brigde牙桥 <i>Jambatangigi</i> <ul style="list-style-type: none"> • Joining teeth to close gap <input type="checkbox"/> Prosthodontics 假牙修复 <i>GigiPalsu</i> <ul style="list-style-type: none"> • For replacement of missing teeth • Denture – Plastic /Metal /Soft plastic 	<ul style="list-style-type: none"> <input type="checkbox"/> Implants 人工植牙 <i>Tanam Gigi</i> <ul style="list-style-type: none"> • Titanium implants: Osteem,Ankylos,Dentium Implant Direct/Megagen, Nobel Biocare , NeoBiotech, Strauman, Bicon. • Mini-implants: Imtec, MDI <input type="checkbox"/> Root Canal Treatment (Endodontics) 根管治疗 <i>Rawatan akar</i> <ul style="list-style-type: none"> • Front teeth or back teeth <input type="checkbox"/> Periodontics 牙周病 <i>RawatanGusi/Tulang Gum Surgery</i> <input type="checkbox"/> Guided Bone/Gum Regeneration <ul style="list-style-type: none"> • Artificial bone chip • Resorbable skin/membrane • Bone augmentation: Onlay/Sinus graf • Hip graft to jaw (Hospital Charges) <input type="checkbox"/> Botox, dermal filler 肉毒杆菌, 皮肤填充剂 Botox, pengisi kulit
--	--	---

For Office Use Only

Date Received	Time Received	Application ID	Branch/IP Address	Received By:
Date Approved	Approved By	Remarks	Chop:	
	Staff ID: Signature:			