



Team Member Bonding Request Form

Section 1

TO BE COMPLETED BY TEAM MEMBER

NAME

POSITION

LOCATION/DEPT

HOME ADDRESS

DATE OF HIRE

REQUESTED BONDING DATE

I attest that to the best of my knowledge, I fulfill the requirements for Team Member treatment including:

- ☐ I have been with the company for at least one year
- ☐ I am currently in good standing
- ☐ I have no written coaching or PIP's in the last 90 days
- ☐ I am currently a full-time employee

I am requesting:

- ☐ Metal braces: Free
- ☐ Ceramic braces: \$300 or \$25/paycheck for 12 paychecks
- ☐ Invisalign: \$1,800 or \$150/paycheck for 12 paychecks

For:

- ☐ Myself
- ☐ A family member:

Name: _____

Relation: _____

Date of Birth: _____

SIGNATURE

DATE

Section 2

TO BE COMPLETED BY HUMAN RESOURCES

I have verified that _____ has:

Approved Bonding Date: _____

- ☐ Been with the company at least one year [*Employment date verified: _____*]
- ☐ Is currently in good standing
- ☐ Does not have any written coaching or PIP's in the last 90 days
- ☐ Maintained full-time hours

HR REP NAME

SIGNATURE

DATE

Section 3

TO BE COMPLETED BY DOCTOR

Required Records Completed:

- ☐ X-rays
☐ Medical History
☐ Consult Notes

Recommendation for treatment:

- ☐ Metal braces
☐ Ceramic braces
☐ Invisalign

Length of treatment: _____

[MONTHS]

DOCTOR NAME

SIGNATURE

DATE

Section 4

TO BE COMPLETED BY OPERATIONS MANAGER

Completed:

- ☐ Informed Consent
☐ Signed Contract
☐ Complete Open Dental Patient Profile

Scheduled for Bonding: _____

OPS MANAGER NAME

SIGNATURE

DATE

HR USE ONLY

BONDING DATE: _____

TOTAL PAYMENT REQUIRED: \$ _____

PAYMENT SCHEDULE

\$ _____ DEDUCTED ON _____

\$ _____ DEDUCTED ON _____

\$ _____ DEDUCTED ON _____

\$ _____ DEDUCTED ON _____

\$ _____ DEDUCTED ON _____

\$ _____ DEDUCTED ON _____

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