

HTDC Card Application Form

Please complete the application form for HTDC Card

REPORTER INFORMATION

Today's Date: _____ Clinic: _____
Clinician Name: _____ Patient No: _____

APPLICANT INFORMATION

Full Name: _____ Age: _____ Sex: Male Female

Height: _____ Weight: _____ Blood Group: _____ Son/Daughter/Wife of: _____

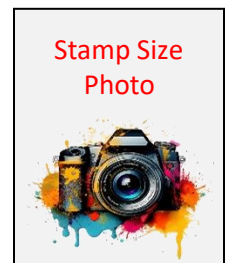
Address: _____

State: _____ Country: _____ Pin Code: _____

Date of Birth: ____/____/____ ID Card No: _____

Marital Status: Married Unmarried Divorced Widowed

Occupation: _____ Phone No: _____



Additional information required for HTDC Card benefits packages:

Packages Duration: _____

- Personal Package (3 Months – Rs.200/-, 6 Months – Rs.300/-, 9 Months – Rs.400/-, 12 Months – Rs.500/-)
- Family Package (6 Months – Rs.800/-, 12 Months – Rs.1,000/-)

CLINICAL INFORMATION

Does the patient have underlying condition?

- Diabetes Hypertension Cardiac Disease Pregnant Chronic Kidney Disease Chronic Liver Disease
 Chronic Lung Disease Allergy None (Kindly attached your prescription copy with self-attested)

SIGNATURE

➤ Applicant Full Signature

➤ Date



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Doctor's Signature

[Full Free Treatments (below Rs.1,000/-) for Pregnant Mother – applicable for all types of packages]
Family Packages are applicable for applicant's parents & children

Documentation

Blood Group & ID Card copy (Birth Certificate/Voter/Aadhaar/DL with self-attested), 1 stamp size photo.

Terms & Condition

Documents should be submitted within 15 Days. Please carry the card to get each and every treatment.

If you forget, you will lose all types of benefits.

All packages are non-refundable. We are not responsible for your loss.



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