

Refer us to your **FRIENDS!**



1

Give this
valuable
voucher to
a friend or
colleague.

2

You will
receive 2
movie tickets.
(Tickets given once
friend starts orthodontic
treatment.)

3

Your friend will
receive **half off**
records upon
starting treatment.
(A value of \$149.)

Friend's Name: _____

Relationship: _____

Your name: _____

Phone: _____

E-mail: _____

*Offer excludes immediate family members. Voucher must be presented during first visit. Limits and restrictions apply.

Issaquah

505 E. Sunset Way
Issaquah, WA 98027
425.392.0980

Tukwila

13530 53rd Ave S., Ste. 100
Tukwila, WA 98168
206.246.9656

Seattle

9709 Third Avenue N.E., Suite 206
Seattle, WA 98115
206.523.6327

ANGOLKAR 4 SMILES
ORTHODONTICS

www.Angolkar4Smiles.com