

**ORTHODONTIC TREATMENT AGREEMENT**

Orthodontic treatment is to be provided by Dr. Tom Houston (general dentist). Orthodontic fees are \$5500 which includes all lab fees for appliances that may be required for the orthodontic treatment, as well as a lower bonded retaining wire. This fee does not include any general dentistry, extractions, x-rays, fillings, bonding to close spaces of small teeth, cleanings or six months examinations. It also does not include the initial workup exam or x-ray fee. A second appointment consultation (at no charge) will then be scheduled to review treatment recommendations.

Once a decision has been made to commence orthodontic treatment, a 25% payment of the total fee is due on or before the first treatment visit. The remaining balance is spread out over a 24 month period with \$\_\_\_\_\_ due on the first of each month. Additional fees for repair of broken or mistreated appliances may apply, as well as for repeated knocking off of brackets that require rebonding. Treatment time varies for each individual and usually ranges from 1 to 4 years depending on age, orthodontic problem, stage of initiation, and cooperation from the patient.

At the end of each orthodontic appointment, we will inform you or your child (if they are not accompanied in the room) of when the next orthodontic appointment should be scheduled and its length of time. Please note: if you do not schedule this appointment on the day of the visit, it is your responsibility to remember when it is due and call us and arrange this appointment later.

Occasionally, your child may need to miss some time at school whenever it is not possible to schedule an evening appointment. We assume no responsibility for misplaced teeth or problems that arise from not following instructions, following instructions incorrectly, missed appointments, or inappropriate use of appliances.

It is imperative that parents and patients, make sure that extra time is spent cleaning teeth at home or permanent white spots of decalcified enamel will develop around brackets. It is also required that each orthodontic patient have their teeth checked for cavities and cleaned professionally by our office at least every six months, regardless of whether your insurance plan covers you for six months or nine month intervals. Further orthodontic visits, may not be scheduled if an orthodontic patient becomes overdue for their six month check up and cleaning. Orthodontic treatment will be terminated without refund and braces removed should a patient repeatedly show up for orthodontic appointments with unacceptable levels of plaque on their teeth. We assume no responsibility for decay or damage to teeth due to poor oral hygiene. Various electric and sonic toothbrushes will help in reducing plaque, as well as oral rinses, and reducing consumption of food and drinks containing high levels of sugar.

I certify that I have read or have had read to me the contents of this form and do realize the risks and limitations involved, and do consent to the orthodontic treatment being performed by the general dentist. In addition, after having had the treatment plan explain to me, agreed to the financial terms outlined above.

Signature Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature Dentist: \_\_\_\_\_ DATE: \_\_\_\_\_